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NAME OF AUTHOR/*NOM DE L'AUTEUR* KING MARLENE D.

TITLE OF THESIS/*TITRE DE LA THÈSE* Between Two Worlds: The Story of a Boy. A Case Study in Experiential Psychotherapy

UNIVERSITY/*UNIVERSITÉ* UNIVERSITY OF ALBERTA

DEGREE FOR WHICH THESIS WAS PRESENTED/*GRADE POUR LEQUEL CETTE THÈSE FUT PRÉSENTÉE* Ph.D

YEAR THIS DEGREE CONFERRED/*ANNÉE D'OBTENTION DE CE GRADE* 1975

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THE UNIVERSITY OF ALBERTA

BETWEEN TWO WORLDS: THE STORY OF A BOY
A CASE STUDY IN EXPERIENTIAL PSYCHOTHERAPY

by

© MARLENE D. KING

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE
OF DOCTOR OF PHILOSOPHY

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

EDMONTON, ALBERTA

FALL, 1975

THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled "Between Two Worlds: The Story of a Boy - A Case Study in Experiential Psycotherapy," submitted by Marlene D. King in partial fulfilment of the requirements for the degree of Doctor of Philosophy.

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External Examiner

Date: May 22, 1975

DEDICATION

I wish to dedicate this work to the Boy, the subject of this study, who, because of his passions and his honesty, is finding the way difficult.

ABSTRACT

This study is the evaluation of a single case. In the introductory chapters, an argument is made for the adoption of a basic philosophical attitude, and no philosophical dogma. This argument pertains to the study in three ways:

(1) As the suggested best way to approach another human being in an effort to understand him, the approach being philosophically, rather than scientifically, grounded.

(2) In a refusal to adopt, a priori, a theoretical position with which to examine the case study material; and a decision to let the theory arise from the data; and,

(3) In a decision, in a case such as this, when the investigator is also the counsellor, to transcend systems of belief when adopting a psychotherapeutic approach, the emphasis again on the attitude rather than the technique.

The subject of the study, a 13 year old boy, is introduced with a brief description of his referral problem, his symptomatology, and his history.

The biographical material is then presented, the information made available to the reader in the same order in which it became available to me, so that the reader can, in the reading, draw his own conclusions, based on his own intuitions.

My interpretation of the data, based on recurring themes of importance to the subject, follows. This chapter includes my diagnosis of the problem, what I expected to happen, what did happen, and my prognosis, at that time, for the Boy in the future.

Test results and interpretation of various tests administered, including intelligence and projective tests, are presented next.

This is followed by a brief epilogue in which I describe what has happened to the client since the counselling came to an end.

The final chapter deals briefly with a consideration of how this case study material could be further utilized.

PREFACE

LEADER: GOIN' ON A LION HUNT
Others: goin' on a lion hunt

LEADER: I'M NOT AFRAID!
Others: i'm not afraid

LEADER: I'VE GOT A GUN
Others: i've got a gun

LEADER: BIG BULLETS AT MY SIDE
Others: big bullets at my side

LEADER: oh, oh. . .
Others: OH, OH!

LEADER: what do I see?
Others: WHAT DO I SEE?

LEADER: I SEE A RIVER
Others: I SEE A RIVER

Leader: Can't get over it, Others: Can't get over it,
Leader: Can't get under it, Others: Can't get under it,
Leader: Can't get around it, Others: Can't get around it,
Leader: Gotta go through it, Others: Gotta go through it,

All Together: Whooooooooooooooooosh!

(Children's song,author unknown)

When an individual expresses accurately for the first time how it is, just then and precisely in so doing he is no longer that way. (Gendlin, 1966, p.236, *Existential Child Therapy* ed. C. Moustakas)

. . . I'm reading this book," says Fats Delvecchio, puffing on his cigar. It's called the Pyschology of Coaching. Coaching is not so much what you tell a guy but how you tell him. I respect my players and they respect me. It's not a lot of teaching. Hell, these guys know what to do, it's just, I don't know, it's just what you *are* that gets performance. . ." (Earl McRae, March 16, 1974, p.26 *Canadian Magazine*)

ACKNOWLEDGEMENTS

I would like to take this opportunity to express my appreciation to those who have supported me, academically, practically, and personally during the writing of this thesis.

To my committee chairman, Dr. D. Sawatzky, whose belief in the individual's right to academic freedom manifested steadily and tangibly throughout the endeavour.

To Dr. K. Dabrowski, whose richness of knowledge stimulated my thinking.

To Dr. W. Hague for his emotional and moral support.

To Dr. A. Dahms for his encouragement and enthusiasm.

To Dr. R. Gupta and J. Young whose comments were helpful, and appreciated.

To my fellow students who assisted in the rating procedures, Earle Bain, Marie Laing, Lynn Kealy, and the students in Ed. Psych. 630 senior counselling practicum, for their time and effort.

To Pat Thomas, for hours and hours of hard work.

To Allison, Coreen, and Grant for accepting, for so long, that "Mom's doing her thesis".

And to Lindsay.

My thanks.

GUIDE TO THESIS

It is very likely that the reader will only be interested in portions of this thesis, and find the entire work more than he wishes to read. For that reason, I will attempt to present an outline, a guide to the contents, so that individuals may quickly find the chapters of interest to them.

In a sense, this is a thesis within a thesis. Primarily, it's purpose is to present the biographical case study of a client, a young boy who came for counselling over a fifteen-month period of time. Secondarily, the counselling "approach" used with this youngster is clearly outlined: and I suggest, though perhaps only by implication, that this approach, which can be monitored and measured by the counsellor, is a valuable approach, and can be used for many clients. Its special value lies in the fact that it can be used with children and even psychotic individuals, persons who, because of undeveloped or damaged verbal skills, cannot give the usual verbal feedback to the therapist. The stages evolving in the process are outlined in Chapter VII.

Chapter I, the introductory chapter, will include a brief overview of the entire thesis, with an elaboration of: my purposes in presenting a case study such as this; and my contribution to psychology in terms of: the methodology, both in presentation and research in counselling, and, particularly an explication of the stages evolving in counselling when using an approach such as the one suggested in this thesis.

Chapter II puts forth an argument for the presentation of case studies such as this, grounding it philosophically rather than scientifically, in an experientially-based reality. This is argued as the place to begin in understanding ourselves and others, with the idea that one will experience a need to integrate the experiential with the abstract and move on to an even more broadly grounded reality. This chapter argues for a basic philosophical attitude and no philosophical dogma when one tries to understand another human being. It also includes a literature review of the single case in: the experimental literature, in personality theory and research, in psychopathology, and in psychotherapy.

Chapter III deals with the relative value of controlled and uncontrolled case studies, including a review of the literature in relation to the problem. An argument is made for the use of methods which permit the theory to arise from the data, thus avoiding the imposition of one-sided categories or methods upon the data. Procedures for this case study will then be outlined.

Chapter IV examines various psychotherapeutic approaches and argues for an approach which will transcend systems of belief. The argument presented is for a particular psychotherapeutic attitude (again, existential) and no one psychotherapeutic technique. In this chapter, moving from the general to the specific, I will present the counselling approach which I discovered, in working with the subject in thiscase study, to be effective with this boy.

Chapter V will be devoted to the client, the Boy as he was when he first came for counselling. It will include the referral problem, his symptomatology as seen by significant others, and as much of his history as was available.

I expect Chapter VI to be of most interest to counsellors. It consists of data from case notes which extend over the fifteen months of counselling. Included in this data are typescripts from the tape-recorded sessions, and it is in the reading of the subject's own words that the reader will, I hope, draw his own most intuitive conclusions. I believe the richest discussions will arise from the reading of this chapter.

Chapter VII includes my diagnosis of the problem, what I expected to happen, what did happen, and a prognosis for the future. In order to present the material in this chapter, I read through the material from Chapter VI, noting recurring themes, of which there were ten in all. I then noted the pattern of the theme over time, over the 15 months, and offered my interpretation as to what was the significance of the theme. In this chapter the four stages evolving in counselling are outlined.

Chapter VIII contains test results and interpretation. Tests selected for use include intelligence tests, and projective tests. In the interpretation of test results, I placed a greater emphasis on the projective tests, for reasons explained in the chapter.

Chapter IX, an epilogue, is the tale of what has happened to the Boy since the counselling has ended.

The final chapter, Chapter X, is a brief discussion of the concrete value of a biographical study such as this one, and suggestions as to how the material in this study could be further utilized.

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CHAPTER I

INTRODUCTION

In this thesis, I am going to be discussing the following:

1. The single case in psychology.
2. The need to ground the single case study in a philosophical (in this case, existential) attitude, but to attempt, at the same time, to steer clear of philosophical dogma and maintain an a-theoretical approach.
3. The need, methodologically, to guard against arguing from the conceptual to the pre-conceptual level. In this study, the theory will arise from the data gathered in the biographical case study.
4. The need, when selecting a psychotherapeutic approach, to transcend systems of belief, to try to think 'about' as well as 'with' one's perceptions and conceptions, thus using positively and flexibly the richness of theoretical knowledge available to the therapist, but avoiding, at the same time falling into one rigid, inflexible theoretical framework through which all further perceptions filter.

Throughout the first four chapters, I will try to acknowledge all those persons whose thought aided me in establishing my own point of view.

My purposes are:

(1) To present a remarkable case, and to share with the reader as complete an understanding of the individual as possible, by the use of the biographical case study methods, which let the story unfold to the reader as it did to the writer.

(2) To illustrate a point of view, that in such studies, one should adopt a basic philosophical attitude, and no philosphical dogma.

(3) To guard against arguing from the conceptual to the preconceptual level, methodologically, by letting the theory arise from the data, and relating it to issues of importance to the subject, and therefore to the counsellor, but not to the counsellor first.

(4) To demonstrate a counselling approach, one which transcends psychological systems of belief, and to further demonstrate its effectiveness with the subject of this case study.

(5) To explicate, in detail, the four stages which evolve in counselling when one uses this approach, and to show how these stages can be monitored by the counsellor.

(6) To suggest that a counselling approach such as the one demonstrated would be particularly effective with children, and with psychotic adults whose language use has deteriorated, the point being that, the more severe the disorder, the longer the time period required for the initial stage to be established.

(7) To suggest that an approach such as the one demonstrated, though itself not linked to one theoretical point of view, could successfully be super-imposed on the clinician's theoretical framework for purposes of personal and scientific verification in regard to the evolution of the four stages.

In terms of a contribution to the existing literature in the field of psychology, the presentation of a case study as a method of research in counselling is not new. It is not common, but it is not new. Contemporary studies are generally controlled, rather than uncontrolled. It often turns out that a case study, whose greatest weakness, richness of data and lack of control, is also its greatest strength, contributes by offering data for future research. This case study is offered as an example of a valuable method in its own right. A further contribution would be an evaluation of the material by psychologists of differing psychological perspectives.

Methodologically, the biographical case study methods used in this study are based on those of Jaspers (1963, original 1923). To present a biography, an abbreviated story of an individual's life, in such a way that what you cannot include in the story comes across in the telling, is his idea, and one which I value. A biographical case record, or controlled case study, is presented in the framework of one theoretical point of view, and is presented in such a way as to produce support for that point of view. The biographical case study, on the other hand, wishes to avoid just that, and, instead, includes every bit of information available on the client, so that the reader may embrace as many points of view as possible in his understanding of the subject of the study. Methodologically, that is the aim of this study.

My contribution, as I see it, has to do with the demonstration of a counselling approach which transcends systems of belief, and the further demonstration of its effectiveness with the subject of this case study.

A further contribution is the explication, in detail, of the four stages evolving in counselling when one uses this approach, and an indication of how these stages can be monitored by the counsellor.

Another contribution is the suggestion that a counselling approach such as the one demonstrated would be particularly effective with children and other individuals with undeveloped or damaged language abilities, such as psychotics. I suspect that, in relation to psychotic individuals, the more severe the disorder, the longer the time period required for the initial stage to be established.

In this thesis, I offer two definitions, both of them outside the framework of a theoretical position. They are:

(1) Self-deception (also illness, falseness to oneself): The degree to which an individual denies, as his, his reactions to his total history, a refusal to take responsibility (conscious awareness) for one's own reactions to one's own heredity, or environment, or interactions thereof.

(2) Self-avowal (also health, trueness to oneself): The degree to which an individual avows or acknowledges to himself, or others, as his, his reactions to his total history, including his biological make-up or constitutional givens, his social status, and the interactions thereof.

For a variety of reasons, an individual is tempted into self-deception, or falseness to himself. The most extreme state of self-deception would probably be synonymous with the term psychosis, although I will not elaborate on this point. I am simply suggesting that, according to the above definition, psychosis is available to anyone.

Adults and children, because different degrees of responsibility are required from them, probably move into a state of self-deception for different reasons. I am concerned with the reasons children move into this state.

Consider the possible interactions in a home:

Environment	Child	Interactions
well	well	well
well	sick	sick or well
sick	well	sick or well
sick	sick	sick

On consideration of the above interactions, a healthy child in a sick environment, if he is not strong enough to resist the environmental forces, can be drawn into a state of self-deception. Inside his home, this is a survival strategy. The danger is that he will take it on as a life-style. This mode of operation may cause difficulty in relations outside his home, and bring him to the attention of concerned others.

My specific purpose, in offering this case study, is to point out that there exists a certain type of youngster, rare in number, whose situation is extreme, and who, in my opinion, seldom receives the type of help he needs to assist him in overcoming his difficulties.

This is not because he does not come to the attention of significant others. On the contrary, he is often noticed in the first year of school by his teachers. It is not unusual for this type of child to have 'stood out' from other children, rejected or ignored by his peers and misunderstood by puzzled teachers.

Psychologists and psychiatrists are often equally puzzled by such children. Not only do diagnostic categories differ in respect to such individuals, but modes of therapy or counselling as well.

It is my suspicion that children manifesting the severity of problem presented in this case study, even though they are treated, and not just by one but by many professionals, are likely to end up in mental institutions with a diagnosis such as chronic schizophrenia.

In order to protect his anonymity, the subject in this study will be referred to as 'the Boy'. When 12 years of age, he was referred for counselling because of 'hyperactivity' and 'poor peer relations'. He talked incessantly but never said anything, and he seemed never to listen. He was constantly on the move during the early sessions, crawling under the table, on top of the table, apparently examining everything in the most minute detail. At the same time, he actively ignored my presence. When I looked at him, he shouted at to stop, and he would not let me touch him for two months. He seemed to be living in the 'teeth of a gale'. Once a week, for an hour, I joined him in that stormy world. It soon became apparent that he felt rejected by his parents, his teachers, and his peers. At 12 years of age, the Boy was alone in a way that few of us could understand.

His plight moved me. Our relationship began. The nature of the relationship was similar to that of Anna Freud and a 10-year old boy, about whom she said:

> I had to inveigle myself into a confidence which would not be won directly, and to force myself upon a person who was of the opinion that he could get along very well without me. (White, (1964), p.334).

CHAPTER II

NATURE OF THE PROBLEM: LITERATURE REVIEW

The theoretical framework within which any inquiry is investigated determines the concepts, the direction, and the method of the inquiry. Using one or another theoretical framework, can we deny that our answers are somehow implied in our questions, even before the research project is begun?

Human behaviour, to fit into a theoretical framework, is implicitly pre-defined. So, before we begin to say anything about man, by our very definition, we imply that we know what we are looking for. In therapy, behaviourists see the problem vanish along with the symptoms, psychoanalysts watch it dissolve in the insight, and client-centered therapists in the expression of feelings. Only the existentialists aim for a way of looking at man which is pre-theoretical, or unassuming. The theory regarding the individual, for the existentialist, arises from the data and, while it points toward the direction of human development, does not claim to have the final answers.

Van Kaam (1966) considers existential psychology not a special school or specific method, but an approach to the study of intentional-functional behaviour. Because of this, he feels that any research scientist of any discipline can adopt the existential attitude without having to give up anything essential to his own differential psychology He defines it as:

> A temporary movement towards fundamental reconstruction of scientific psychology by means of the assimilation of the psychologically relevant insights implicit in the pre-philosophical contemporary view of man that is called existential. (p.362)

Jaspers (1963) (original work 1923) stated:

> . . . in empirical reality we have Being only as we encounter it in the categories of our awareness, as a phenomenon presenting itself in the many fundamental modes of experience, explicability and meaningfulness. (p.757).

and:

> What is of decisive importance for theory and practice in relation to Man is that there should be a basic philosophic attitude and no philosophical dogma. (p.757).

One very important reason for this, Jasper noted, is that the human being is an open possibility. He is both incomplete and incompletable. He is always more than what he has brought to realization in himself.

Animals live out their lives along predetermined routes, but man is not so fated. He is instead at the mercy of a free choice, a choice which has to be made by him.

Man realizes himself in certain definite phenomena, thoughts, acts and symbols. He himself repeatedly breaks down what he has established. When he no longer breaks out of these fixed forms, Jasper claims, he regresses to the mean and loses the path of human life.

Man, then, according to Jaspers, is not merely an animal nor yet is he an angel. Rather, he belongs to both species, and he differs from both. He is an open possibility, incomplete and incompletable. In the course of realizing himself, he is hindered by certain inner resistances.

1. His own inner feelings and states which tend to overwhelm him.

2. His distortion and self-deception in all that he feels, thinks, and wishes.

In this inward struggle, man makes himself the material for his own labor; he is both artist and canvas, potter and clay. Against the inner darkness of self-deception, he sets up a process of illumination. This individual manifests at three levels: (1) an objectively explorable empirical reality, (2) a self illuminating itself, and (3) a searcher attempting to unify and become conscious of both his origins and his destination.

He is available for scientific investigation only at the first level, claims Jaspers. For purposes of empirical research, the individual becomes a theoretical construct of elements from which he is constituted. The individual as a whole can never be an object available to be fully known.

Because science is limited to objectivity, Being, no matter how it is objectified, cannot be fully grasped. It is always unobjective, encompassing.

Thus, concludes Jaspers, philosophy creates the space for all the operations of our knowledge.

And, in therapy, the inner attitude of the therapist depends on the kind and degree of his own self-illumination.

The freedom which the self experience calls for illumination by philosophy:

> The individual not only lives and experiences but knows he does so. In his attitudes to himself he can somehow go beyond himself. Once I know myself I am no longer simply myself but my knowledge changes what I know myself to be. (p.755).

If a psychologist wants to accept a pre-arranged idea, even though it be for him his basic ontological idea of existentiality, and, using it as his particular theoretical point of view, investigate or study individuals, he is, claims Jaspers, making a philosophical and scientific mistake. Even Heidegger's fundamental ontology, created within the tradition of existential thought from Kierkegaard on, when offered to students as the way to understand makes the error of impeding the student's own philosophising by giving him a total schema of human life as if it were knowledge.

The existential philosophy underlying Gendlin's (1966) experiential psychotherapy he views as thus: Man is not simply a self-contained box, himself (subject) within, others (object) outside, but is always feeling toward something, about something, with something.

Being-in-the-world is concrete. Heidegger (1962) says, "It is my here." And feelings are our way of being affected in the world. "What we are is feeling - an openness to being affected."

Sartre (1956) points out that we feel our possibilities before we shape them and verbalize them.

Existentialism, while not subjectivism, pays a great deal of attention to subjective experience.

In psychotherapy, Gendlin (1966) states:

> To say how it is does not simply represent, but it creates, it moves, it carries forward, it is a process of living. (p.236).

For a client suffering the agonies of the inner resistance to growth referred to by Jaspers (1963), inner feeling and states and drives which threaten to overwhelm him, an active on-going self-deception regarding everything he feels and thinks and wishes, his first encounter with a therapist whose aim is to understand him through beholding him must indeed bring about something of what Gendlin (1966) claims:

> The very nature of finding oneself concretely seen, felt, connected, and one's every feeling and emotion responded to constitutes finding oneself no longer helpless, hopeless, no longer isolated, unloved, lost in weirdness. (p.216)

And again concurring with Jaspers:

> When an individual expresses accurately for the first time how it is, just then and precisely in so doing he is no longer that way. (Gendlin, (1966) p.236).

This is one of the central themes of experiential psychotherapy, a psychotherapeutic method in which human experiencing is approached directly rather than in the abstract form of theory. This refers not only to different concepts, but a different way of using concepts, one in which concepts and experience enter into theory in a special kind of interplay.

In this approach, concepts are used as pointers that refer directly to felt experience, rather than reasoning from concept to concept via logical chains. Gendlin (1966) claims that this new use of concepts turns theoretical orientations into mere vocabularies.

In the earliest formulations of this method, Gendlin (1962) emphasized the need to recognize the powerful felt dimension of experience that is prelogical, or preconceptual. By "experience", he meant that:

> . . . flow of feeling, concretely, to which you can every moment attend inwardly, if you wish. (p.3)

Feeling without symbolization is blind, he claimed; symbolization without feeling is empty. He then set about to devise a method in which language would help the client to refer to his experiencing, rather than limit his further experiencing by boxing it in, in confined concepts, concepts which would then, if theoretically bound, hinder the understanding of both client and therapist.

Gendlin outlined the need for "process" categories that attempt to distinguish, not contents, but different modes or dimensions of process. These process types of concepts must be allowed to refer directly to experiencing, even though they could not fully represent it. In that way, he claimed, transitions could be made between different theories, and concepts could be dissolved when they had served their usefulness.

And so, in the therapeutic relationship, with the client making explicit what was formerly implicit for him, sometimes alone, sometimes with the help of the therapist, the central process is illumined:

> And so, as I tell you how I always am, already I am living a process of being otherwise. (p.37)

Personality change cannot be studied in terms of categories that imply stasis. In therapy, we are more concerned that the client change,not how he changes. Meaning, claims Gendlin (1962) occurs for us when something experienced assumes a symbolic character. We are most aware of the dimension of felt meaning when our symbols fail to symbolize adequately what we mean. The experienced dimension of meaning is present, whether we conceptualize it or not.

Thus, for Gendlin, the experiencing itself is the existential occurrence of therapy. It is demonstrable, but not a demonstration; it can be conceptualized, but it isn't a concept. The fact that experiencing and conceptualization are different is "most noticeable when they do not occur together, that is, when we have either experiencing that we cannot conceptualize or concepts the content of which we do not now feel." (p.230).

In summary, experiential psychotherapy, which works with immediate concreteness, has its roots in existential psychotherapy, which holds that one makes and changes oneself in present living, that one is not determined by one's past and one's "inner workings."

Gendlin (1966)notes that psychologists and other individuals who have worked with children have always recognized the value of the experiential, and have always looked at words, gestures, play acting and all symbolic activity as growing out of concretely ongoing sentient ("gut-level")experiencing.

For therapy to be successful, the client must become authentic. Gendlin (1966) deals with the problem of definition by moving from content ("What is authentic?") to process. Instead of asking, "What is authenticity and how does one achieve it?" he asked, "What is an authentic way of experiencing oneself and relating to others?"

In the process of therapy, conceptualizing does not substitute for experience. Instead, symbolizing, making explicit of what was implicit, recaptures and enhances the original experiencing. It does not pretend to simply offer a picture of what happened, but itself is a further experiencing.

To define halts process, makes living processes static. It is the aim of experiential therapy to encourage dynamic interaction both within person (the client) and between persons (client and therapist). The client, when he arrived, may have been static and eccentric. Hopefully, he will become ec-static and dynamic in the course of therapy.

Maslow (1971) feels it is important to not stop at the experiential, or phenomenological, but to move on, participating in the normal advance of science and knowledge from its experiential beginnings to the greater reliability and validity of sharing with others and agreement with them.

Part of this process is the necessity of transcending of one's own system of beliefs. Maslow feels that, while the first and second force in psychology are mutually exclusive, the third force, humanistic psychology, is more inclusive. The first and second forces are not so much wrong and incorrect as they are limited and partial. The main thing, he concludes, is whether one takes a dichotomous or an integrative attitude toward a particular school of thought.

The Freudians, in their writings, tend to reduce all higher human values, interpreting them as disguised versions of the dangerous and nasty part of our natures.

Social scientists hold a culturally deterministic point of view, one which denies not only intrinsic higher motivations, but human nature itself.

Humanistic psychologists suggest that repression of the higher motivations, the spiritual aspects of our nature, can be as damaging, and perhaps moreso, than the repression of the sexual instincts. In a society where averages are valued so highly, we may use defence mechanisms to shield us from an awareness of the highest within us. Recognition and acceptance of these motivations may be accompanied by alienation and other psychologically painful experiences. Maslow refers to such "illnesses" as metapathologies, pathologies brought about by the deprivation of higher needs.

Thus, he concludes, it is important to bring the experiential back into psychology and philosophy, as an opponent of the merely abstract, of the a priori. One must not stop there, however. It is important to then integrate the experiential with the abstract and the verbal. We must make room for experientially based concepts, for an experience based rationality in contrast to an a priori rationality, one which we have mistakenly come to identify with rationality itself.

LITERATURE REVIEW

Jaspers (1963) (original 1923) stated:

> For all meaningful phenomena, the rule holds that most is to be learned from cases that are unusual, well-differentiated, and complex. These illuminate the rest, and experience is enriched not so much by the number of cases we have seen, as by the depth to which we have penetrated in any one case. (p.253).

Kiesler (1971) stated:

> Intensive study of the single case (either controlled or uncontrolled, with or without measurements) is a valuable source of hypotheses for the explanation of human behaviour. (in Bergin & Garfield, p.66).

Part 1. The Single Case in the Experimental Literature.

Dukes (1965) found 246 studies with N = 1 in the relevant literature in the preceeding twenty five years. Dukes felt that, despite the main limitation of such studies, indetermination of the general applicability of findings, they cannot be dismissed as inconsequential. He offers, as a rationale for their use:

1. Uniqueness (when a sample of 1 exhausts the population).
2. When one case explicated in depth exemplifies many.
3. When one case provides negative results (thus demanding revision of a heretofore accepted hypotheses).
4. When one has limited opportunity to observe a particular behaviour, i.e. situational complexity as well as subject sparsity may limit the opportunity to observe.

5. In order to preserve some kind of functional unity, such as when the research unit is greatly extended in time.
6. When the researcher wants to focus on a problem, by defining questions and variables, and indicating approaches.

Dukes concludes, from his historical and methodological considerations, that the usefulness of N = 1 studies appears to be fairly well established.

DuMas (1955) points out that the problems involved in the study and understanding of the single case should not be regarded as only in the domain of personality theorists and clinical psychologists. He states his rationale very strongly:

> The personal problems of a living human being are of paramount importance to himself and those interested in his welfare. The patient cannot wait a decade or a century for nomothetic science to find those basic principles operating in the lives of human beings. (p.74).

Allport (1962) felt that scientists might show more concern for devising measures and methods of studying individual cases, which he saw as a rich source of hypotheses and variables. His aim was for procedures that would allow each individual to devise his own personality dimensions in order to maintain the unique quality of his own material.

Shapiro (1961, 1966) a long time champion of the intensive experimental single-case study design, has worked for years toward improving method and technique in controlled investigations. His concern in urging the clinical psychologist to contribute to psychiatry as an experimental psychologist, is the welfare of the patient. He feels there is no distinction between the urgent needs of the psychiatric patient and the fulfillment of the most rigorous requirements of scientific method.

Chassan (1967) argues that the intensive study of a single case may provide even more valuable and meaningful information than that obtained from the extensive study of larger samples. He is particularly concerned about this problem as it relates to psychiatric patients, noting that serious errors of inference may result from the extensive study of small groups. He adds that these errors do not occur in intensive studies of single cases.

Davidson and Costello (1969) in their argument for the use of single case studies, point out that the application of statistical and experimental approaches to the single case requires a combination of a flexible ingenuity and critical discipline that is not easy to achieve.

Part 2. The Single Case in Personality Theory and Research.

Shontz (1965) points out that modern psychology has a research tradition which values most highly the study of isolated part processes in large numbers of persons without identity. He notes how unpopular representative case research is, at present, in psychology, and notes that examples of its use are few and far between in the literature. He feels that, while the representative case method is not suited to every purpose, its potential cannot be fairly judged, nor an assessment of its value made until the present trend changes and results of this approach are permitted to be more frequently publicized.

Pervin (1970) compares theories of personality in terms of criteria such as comprehensiveness, parsimony, logical consistency and productivity in research. When looking at an individual, Pervin asks if the observations obtained are similar when techniques of assessment associated with the different theories are applied to the same individual. His conclusion is that observations obtained are different in striking and important ways. It would seem, in part, that the theories talk about the same phenomena in different terms. Although the internal determinants of behaviour are of main interest to some psychologists and the external determinants to others (pattern and regularity versus flux and situational specificity), the task for the future, claims Pervin, lies in the analysis of the interactions between the two. Pervin feels that what is needed in the future is the study of the same individual by psychologists of different orientations.

Part 3. The Single Case in Psychopathology.

In relation to pathography, Jaspers (1963) notes that the interest in biographies has had only a small following in psychiatry and that there has been little awareness of their stimulating effect. In looking at the individual case, Jaspers makes an effort to:

1. "Behold" the individual as being perfectly understandable in the light of his history.
2. Include every empirically based approach in his study of the individual so that the reader might, to the best of his ability, gain a comprehensive view and not merely a personal opinion or a particular theory.

He argues for the use of biographical material as an important part of his approach, stating that only by "beholding" the complete person can we draw near to understanding him:

> As scientists, we must stand by the biography that is inconclusive, which leaves the essential reality of the whole untramelled, those depths of human life which can no longer be psychologically explained but which only poets and philosophers can illumine. (pp. 673 - 674).

and:

> In the biography, the best we can do is to give a unique account of the individual and then what cannot be known may perhaps be felt through the telling. (p.674).

Dabrowski (1966), in his interaction model of personality development, a model which includes biological, social and mental determinants, claims that too many present day psychiatrists see all mental disturbances as psychopathological, because that is how they have been trained to see them. Dabrowski claims that symptoms of anxiety, neurosis and psycho-neurosis, as well as many cases of seeming psychosis are often an expression of development.

Goldfarb (1970) in an extensive review of the literature, attempted to present the present state of knowledge regarding childhood psychosis. The concept, the understanding of which meets with little agreement in fields of both personality and psychopathology is a recent one and has always reflected prevailing opinions regarding adult psychosis. The etiology is not yet established, evidence in support of current theories fragmentary, at best, and confounded by the lack of diagnostic precision and uniformity.

The three major theories, in summary, are little different than the three major personality models:

1. The deficiency hypotheses in which the child starts life as an atypical organism.
2. The psychosocial hypotheses in which the unusual stress and strain of interpersonal experiences in the child's milieu cause the child to react in an abberant fashion.
3. The transactional hypotheses in which the symptoms or atypical traits of the psychotic child are considered to represent the outcome of the interaction between the child's adaptive potentialities and the particular, (either enhancing or restricting) qualities of the child's environment.

Goldfarb (1970) notes that most of the descriptive knowledge of psychotic children has come from individual case studies and that there has been a restricted number of such studies. He states:

> . . . the case study approach which focuses on interpersonal and intrapsychic phenomena has unsurpassed validity in explaining the individual under study. (in Mussen, 1970, p. 805).

Part 4. The Single Case in Psychotherapy.

Chassan (1967) argues that the single case is ideal for long term intensive research for a number of reasons, including:

1. The description of various observable and inferential components of a patient's psychopathology in statistical terms.
2. The opportunity to test for significant trends in the reduction of the patient's illness from one time to another.
3. The opportunity to test statistically, by means of occasional experimental design within the context of the ongoing therapy, the possible differential influences of different therapist techniques and forms of intervention timed to test particular hypotheses regarding their effect on one or another aspect of the progress.

Carkhuff and Berenson (1967) advocate a multi-dimensional model for psychotherapy, one that takes into consideration first person variables (parents, teachers and therapists), second person variables (children, students and clients), and contextual variables, alone and in their various interactions. They propose that, not only can individuals be considered to exist and function at varying levels, but that different therapeutic approaches are representative of different levels. They speculate that behaviour therapy would be most effective with individuals functioning at the first level, client-centered therapy with those at the second level, and psycho-analytic therapy with individuals at the borderline of levels two and three. Within their model, the existential approach would, they state, appear to be the highest form of therapy at present, coming close to the point of defining free man.

The general trend in clinical research is toward specificity.

Lazarus and Davidson (1971) note that broad questions such as, "Is psychotherapy effective?" are now considered meaningless and have been replaced by questions such as the following, raised by Strupp and Bergin (1969):

> What specific therapeutic interventions produce specific changes in specific patients under specific conditions? (in Bergin & Garfield, 1971, p.209).

Keisler (1971), in his examination of experimental designs in psychotherapy research, concludes that perhaps specific theories of behaviour change for specific types of patients will emerge from the findings of future factorial-design research.

Dabrowski (1972) offers, in the framework of his multi-dimensional multilevel model of personality development, a multi-dimensional, multilevel approach to psychotherapy. Within this framework, he indicates that the psychoanalytic approach deals mainly with primitive, biological elements in man,individual power theories such as that of Adler deal with social determinants, and only existentially oriented theories, such as those presented by Maslow and Mowrer, deal with the mental determinants. In terms of research in psychotherapy, he advocates the case study approach.

Levitt (1971), in a review of the literature on research on psychotherapy with children concludes his article with the following statement:

> Few conditions have been definitely established as requisite or even advisable for the treatment of the child patient. Innovation in therapy is the order of the day; rigid orthodoxies find scant empirical support. Finally, there

> seems to be no substitute for the long-range, follow-up study as the procedure for investigating either therapy outcome or therapy process when the patients are children. (in Bergin & Garfield, 1971, p.491).

In conclusion, a review of the literature indicates that, while the study of the individual has long been considered of value by psychologists, the question as such has remained a theoretical issue, and has received little attention in actual research.

Cronbach (1957) pointed out how difficult it is, in the discipline of scientific psychology, for correlationists (clinicians and personality researchers) whose main interest is in individual characteristics which fall outside the group norms, and generalists (researchers in experimental areas such as perception and learning) who view individual differences as that which prevent error variance from being zero, to agree on how to proceed in research.

Kiesler (1971) argues for a rapport in which clinicians contribute by explicitly formulating their creative hunches, spelling out what is, for them, "intuitive", and experimental researchers contribute by sharing with clinicians principles arising from replicable relationships among variables which have been established in more controlled laboratory settings.

While personality researchers and clinicians agree to the importance of individual differences, new questions evolve, and must be looked at. Within personality theory, the question appears to be "What accounts for individual differences?" Theorists have argued for either internal or external determinants, with some few theorists and considerable evidence pointing toward an interactional model.

Within the area of psychopathology, the question is: "Are psychopathological symptoms a deviation from: (1) the group norm? (2) one's own norm?"

For those psychologists who consider psychopathology a deviation from the group norm, the question which further arises is: "What accounts for this deviation?" Again, the theorists argue for: (1) internal determinants, (2) external determinants, or (3) an interaction of the two.

For the theorist (Dabrowski) arguing that psychopathology is a deviation from one's own norm, the further question is: "Are psychopathological symptoms indicative of development or deterioration?" The answer to this question would depend on the unique combination of the individual's biological and social determinants, out of which may arise mental determinants.

Within the area of psychotherapy, the question is: "What accounts for change in the individual during treatment?" Once again, the internal/external/interaction theories emerge, with the interactional model gaining favour.

Methodologically, there is a question regarding the relative value of controlled and uncontrolled studies. Prevalent in the literature is the argument for the use of controlled studies. The dearth of literature in relation to uncontrolled studies may reflect: (1) lack of interest on the part of psychologists, and/or (2) non-acceptance of these studies by journals of repute.

CHAPTER III

METHOD

This chapter deals with the relative value of controlled and uncontrolled studies, including a review of the literature in relation to the problem.

I intend to use methods which permit the theory to arise from the data, thus avoiding the imposition of one-sided categories or methods upon the data.

Procedures will then be outlined.

This study will be a biographical case study. Shontz (1965) cites six uses for the case study, two of which apply to this study:

1. The remarkable case: The subject may display a type of personality structure that has rarely been closely observed by others. Physicians often use uncommon or remarkable cases, presenting them in minute detail.
2. Demonstration of a technique: (in this case, demonstration of approach) Klopfer and Davidson (1962) used the case study to explicate the Rorschach, and Holtzman, Thorpe, Swartz and Herron (1961) used it to explain their ink blot test. In this study a counselling approach will be demonstrated.

I consider the subject of this study to be a remarkable case in that, at 12 years of age, he felt totally rejected by his parents, his teachers, and his peers. It is my opinion that a child can "get by" with acceptance from one of these groups, do well with acceptance from two, and flourish with the acceptance of all three.

The approach to be demonstrated is the counselling approach, or attitude displayed toward the subject, and the effect this attitude had on him over time.

Single Case Methodology - Controlled versus Uncontrolled Studies.

Recent advocates of the use of N = 1 studies tend to agree on the superiority of controlled over uncontrolled studies. (Davidson and Costello, (1969), Chassan, (1967), Shapiro, (1961, 1966), Lazarus and Davidson, (1970).)

All tend to agree on the importance of the patient (in a clinical setting) as well as the importance of the research.

Lazarus and Davidson (1970) propose that the patient in a single case study can be used in one of two ways:

1. He can be used as his own control.
2. He becomes his own laboratory; hypotheses which arise are tested solely with reference to him.

Within this setting, the patient's variability and reaction patterns may be in larger or smaller time intervals, allowing for the computing of statistical probabilities and application of experimental design in its most rigorous sense. The patient's behaviour can be described, and therapeutic progress assessed in terms of a multi-dimensional or multivariate probability distribution.

Feyerabend (1970) in his article "Against Method: Outline of an Anarchistic Theory of Knowledge", has this to say:

> Scientific education . . . has the purpose of carrying out a rationalistic simplification of the process "science" by simplifying its participants. One proceeds as follows. First a domain of research is defined. Next, the domain is separated from the remainder of history (physics, for example, is separated from metaphysics and from theology) and receives a "logic" of its own. A thorough training in such a logic then conditions those working in the domain so that they may not unwittingly disturb the purity (read: the sterility) that has already been achieved. An essential part of the training is the inhibition of intuitions that might lead to a blurring of boundaries. A person's religion, for example, or his metaphysics, or his sense of humour must not have the slightest connection with this scientific activity. His imagination is restrained and even his language will cease to be his own. (in Radner & Winokur, 1970, p.20).

In experiential terms, Feyerabend is saying that when one argues from the conceptual to the pre-conceptual, something is lost. And that something is as important as his sense of humour, his religion, even his language.

He goes on to say we should not worry about the intuitive leaps new, young minds might make:

> But complete freedom is never achieved. For any change, however dramatic, always leads to a new system of fixed categories. Things, processes, states are still separated from each other. The existence of different elements of a manifold is still "exaggerated into an opposition by the understanding. (in Radner & Winokur, 1970, p.31).

Why limit this type of forwarding step when it is already self-limited?

Strupp (1971), in speaking to the issue of the psychotherapy researcher's dilemma, that of complexity versus control; said:

> The dilemma, therefore, may be formulated as follows: The greater the realism of the situation, the less it is possible to isolate variables and subject them to experimental manipulation. Contrariwise, the greater the experimental control over single variables, the greater the artificiality of the situation and the more questionable the validity of the results obtained under these conditions.
>
> The problem may be likened to efforts of studying the physiological activity of a cell under a microscope, assuming the cell cannot be placed under a microscope while the organism is alive. If the experimenter kills the organism he may be able to examine the cell, but he has lost the opportunity to study a biological process. Similarly, in psychotherapy research there is a serious question whether the complex interaction between a trained therapist and a troubled patient can be simulated in any other setting. (p.150).

The answer, he feels, may lie in the renewed interest in the study of the single case. He suggests a partial solution in the intensive study of single cases in the natural clinical setting. However, instead of relying entirely on the clinician's impressions, efforts should be made to quantify observations. Furthermore, he suggests, audio and video tapes can be used to present the patient-therapist interactions to external raters. This approach seeks to combine the naturalistic with the experimental approach.

Shontz (1965) gives considerable attention to the case study in personality research. Lack of systematic control considered the major weakness of case studies, need not be considered only a defect, he claims, for it is also one of the method's most useful features. Case studies have two distinct advantages:

1. They are well suited to research on the individual, always of interest to the personologists.

2. They have the potential for presenting the individual in his full complexity, in fact are capable of offering a total picture of the naturally functioning person that can scarcely be obtained in any other way.

Jaspers (1963) (original work 1923) points out, when he advocates the use of the biography in the study of the individual, that the most important lack of control exists, of necessity, because the individual's story is never quite complete. In order to overcome this deficit, he asks that we "behold" an individual in such a way that, to the best of our ability (and this may depend on our individual natures) we understand what it is to be that individual. The effort does not guarantee the success of the results, but allows for the possibility more than do other methods, he claims.

The best example of this to-date is White's (1952) Lives in Progress, in which, with a variety of limited methods, the author attempts to present, as fully as possible, the lives of three normal people. He regarded the book as an attempt to forward man's understanding of himself "in a particular way and with a particular kind of observation not hitherto well represented in the study of human nature." (p.3).

The method was that of the intensive case study, the subjects were three young adults, and the emphasis was on growth, on changes of personality occurring under natural circumstances over periods of time. White felt the cases would provide a proving ground on which current ideas about personality could be put to work:

> Better understanding cannot be expected unless we cover the whole biosocial range, extending our observations all the way from organic foundations such as drive and temperament to social shaping forces such as class status and cultural patterns. (p.3).

White stated his limitations in a forthright fashion. The study fell short of being a definitive investigation; such tools as were practicable had to be used; what was known about the subject was the kind of thing his methods made it possible to know. White acknowledged the possibility of experimenter bias, and tried to overcome it by having a number of experimenters relate to each subject.

Methods included interviews, tests, ratings by significant (to the subject) others. At the end of the study, White stated simply: "These were our methods and the sources of our knowledge." (p.97).

As well as acknowledging the weaknesses, he also stated what he considered were the strengths: abundance of interviews, the strong personal interest evoked in the subject regarding the proceedings, the respectful attention given to the patient, to his hopes, his fears, his plans, his daydreams, his deepest aspirations.

The Biographical Study

> The unity of the whole individual so far as knowledge goes simply lies in the search for relationships between everything that is known about him; that is, it consists in the idea of the totality of the knowable relationships. (Jaspers, 1963, p.752).

Every good case history, claims Jaspers, grows into a biography, which in turn comprises all the facts that can be elicited from the individual. There is no finding which does not belong to the biography.

When using the biography as a way of apprehending the individual life, we keep in mind the biological sequences, the psychological phenomena occurring in family, community, and society, and the cultural tradition or values. The biography thus leads to an ever-broadening perspective.

Within this perspective, while embracing all facts available to us and keeping in mind that the unity the "wholeness" of an individual is never anything but an idea, we must be ready to stand by the inconclusive biography as the most complete picture we have of an individual who, by virtue of his freedom, can never be completely known.

> In scientific biography we do two things: (1) we depict and describe what becomes available to us in the course of generally getting to know the biographical details, that is, the biography becomes a case - and - secondly (2) in our account we contact, try to feel and inwardly engage ourselves with this unique individual as he really is. Then he becomes not only a case but an irreplaceable illustration of humanity in its historical form; so long as our friendly eye can see him as such he is unforgettable and without substitute whether he is of historic significance or not. (p.674)

Biographical Methods

The collection of materials should include all the facts of the individual's life available, such as his own statements, reports on him by others, his test-performances - every way in which his life has been objectified, whether directly or indirectly accessible.

The arrangement of the materials should be such that details are readily accessible, easy to find and easy to handle.

For biographical purposes, the arrangement should be chronological, allowing the case to unfold for the reader as it did for the writer.

The presentation, ideally, should make apparent the individual's life as a whole in the abbreviated, carefully selected and structured picture that it offers. This must not be simply a collection of chronological particulars; in fact, the collection and the presentation are mutually exclusive.

Distinction between case-record and biographical study

The case-record, or the representative case (Shontz, 1965) is always related to generalized knowledge, whereas the biographical case study is always directed toward the individual as a whole.

The case-record or representative case is presented within one point of view, a point of view which directs the selection of the phenomena to be observed. The biographical case-study is governed by the desire to present the unity of the individual as a whole and this, in turn, selects the viewpoints that will serve to present a total perspective.

Therapist involvement

Beginning with the present, the therapist, as the individual's life is revealed to him, participates in his patient's destiny, and goes through his crises with him. The therapist does not look at the patient with "merely the empirical eyes of reason." Participating as he does in the fate of his client, he can only recount and try in his story to make tangible "what was apparent to him but unverifiable because he can never really know whether it was or was not so and can never put it to the test."

In conclusion, the biographical study should present as complete a picture of an individual life as possible and from an all-over point of view which has been achieved by considering the individual from every possible angle.

Method for this case study

This study then is a biographical case study, and the methods used will be biographical methods, as outlined by Jaspers.

The collection of materials will include all the facts available on the subject's life. This will include his own statements, from tape-recorded sessions, reports on him by parents, teachers, other counsellors, test administrators, etc.

The arrangement of the material will be chronological, with details readily accessible for easy handling by the reader.

The presentation of this individual's life, a structured picture abbreviated and selected from the available material will, hopefully, illuminate his life as a whole and offer as complete a picture as possible of what it is to be this boy.

This is a biographical case study, not a case-record. It does not attempt to focus on particular phenomena, at the exclusion of others, to support a particular point of view. It attempts, rather, to present the unity of this individual, this boy, as a whole, and because of this, draws on all viewpoints that will be helpful in broadening the total perspective.

During the 15 months I counselled the boy, I found myself "participating in his destiny" and "going through his crises" with him. I recognize that much of what was apparent to me must, of necessity, remain unverifiable. In spite of this, and because of my involvement with and interest in this boy, I will try to tell his story in a manner which, I hope, will convey what I cannot tell, in the way I tell it.

Wherever possible, materials will be offered for other-rater reliability.

Procedures

The materials of this case study will be presented in the following fashion:

The client will be presented as he was when he arrived for counselling. This chapter, (Ch.V) will include his symptomatology, his history, and the referral problem.

The story of the client's fifteen months in counselling will then be presented. Material will be selected from the case notes. In this chapter, (Ch.VI), I intend to present the material in the same chronological order in which it was presented to me, so that at any time in the reading, the reader has, at that time, the same information as was available to me.

Included in this chapter will be typed excerpts from the ten tape-recorded sessions.

Personal materials offered by the client will be included in Appendix 1, and include a tape-recording,creative writing, and essays. Although some of these materials were written some time before presentation, (by the client to me) they will become available to the reader in the order in which they became available to me.

In Chapter VII I will offer my interpretation of the case. It will include diagnosis, expectations, outcomes, and prognosis.

The following chapter (Ch. VIII) will be devoted to the presentation of test data, both results and interpretation. Other-rated tape segments will be included in Appendix II.

Chapter X will consist of an epilogue in which I will recount what has happened to the client since the counselling came to an end.

Materials consist of:

1. Case notes from fifty (50) interviews, ten (10) of them tape-recorded.
2. Eleven (11) audio tape-recordings, ten (10) from interviews, one (1) a personal contribution from the subject of the study.

1. Case Notes

a. Case notes from fifty (50) interviews with the client. These interviews occurred weekly and usually lasted one hour. When tests were administered, the session lasted two hours.

b. Case notes on meetings with:

1. Two school counsellors
2. Three teachers
3. A school psychologist
4. The subject's parents (two meetings)

c. Case notes on telephone conversations with:

1. Two school counsellors
2. One teacher
3. The subject's parents
4. School psychologist
5. The psychiatrist to whom the case was referred

2. Audio tape-recordings:

Ten (10) of the fifty (50) interviews were tape-recorded. I deliberately refrained from tape-recording in the early stages of the counselling process because of the effect the "potential invisible audience" could have on the client.

Included in the audio-recordings are the pre and posttest administrations of the Thematic Apperception Test, given at an interval of a year.

3. Tests administered: (Results available from all but one)

All the tests (12) with the exception of the Wechsler Intelligence Scale for Children and the Peabody Picture Vocabulary were administered by myself.

a. Intelligence Tests: (at approximately 6 months intervals)

  1. Wechsler Intelligence Scale for Children (WISC)
  2. Peabody Picture Vocabulary (administered at same time as WISC).
  3. Raven's Progressive Matrices (Standard) (administered 2 months after WISC).
  4. Wechsler Adult Intelligence Scale (WAIS) (administered 5 months after WISC).
  5. Stanford-Binet Intelligence Scale (administered 11 months after WISC).

b. Projective Tests: (both pre and post, at a year long interval)

  1. Rorschach.
  2. TAT - Thematic Apperception Test.
  3. Self-report measure (devised by counsellor).

c. HOD - The Hoffer Osmond Dimension of Schizophrenia (pre and post)

d. Cognitive, emotional and moral developmental indices.

  1. Cognitive Complexity Measure: (a) Paragraph Completion Test, (b) Carr's IDT (Interpersonal Discrimination Test).
  2. Moral Complexity Measure: Kohlberg Moral Development Test.
  3. Emotional Complexity Measure: Dabrowski's (a) Verbal Stimuli; (b) Overexcitability Test.

Each test was administered once only, except for the projective tests, which were given at the beginning and end of a year-long interval, and the HOD, given at a year-long interval. The client was unable to complete the Carr IDT.

Test Selection Criteria:

The boy was considered, by both teachers and parents, to be "underachieving" in school.

I felt the boy was intelligent, but that his intelligence was manifested in unusual ways, i.e. when enthused about his topic, he displayed superior knowledge and verbal skills. For this reason, a number of intelligence tests were administered.

The projective tests (Rorschach and TAT) were administered for a number of reasons:

a. The indirectness of the test was less threatening to the client.

b. The client was eager to hear the results of these tests, and it was an excellent way of introducing heretofore "unmentionable" topics into the counselling sessions.

c. The self-report measure, was designed by myself as a simple self-anchoring measure, and, while helpful, was too direct.

The HOD (Hoffer Osmond Dimension of Schizophrenia) was administered as part of an ongoing research project by a Ph.D. student. Although the test was not pre-selected by me, it proved of interest because the boy himself, early in the counselling year, stated that he thought he was schizophrenic.

The cognitive, moral, and emotional developmental complexity measures were selected for use because:

1. There has been considerable research with these measures.
2. Individual items offered valuable self-report data.

4. Material contributed by the subject himself:

1. An audio tape-recording, containing some of the boy's favourite music. This was recorded and presented to me three months after the beginning of counselling.
2. A creative writing scribbler, from school, presented spontaneously seven months after the beginning of counselling.
3. Three poems written after about nine months of counselling.
4. Two essays written for school assignments.

CHAPTER IV

COUNSELLING APPROACH: INTRODUCTION AND OVERVIEW

This chapter examines various psychotherapeutic approaches and argues for an approach which will transcend systems of belief. The argument presented is for a particular psychotherapeutic attitude and for no one particular psychotherapeutic technique. In this chapter, moving from the general to the specific, and recognizing those whose ideas aided me in making explicit my psychotherapeutic approach, I will present the approach which I discovered to be effective with the boy who is the subject of this study.

My attitude toward the Boy was, I believe, constant. What changed over time was my ability to make explicit what had been implicit in terms of my share of this interaction and my understanding of the dynamics of the interaction, especially the effect it had on the boy.

Spelling-out my intuitive hunches was not easy. Establishing clearly what my position, my attitude was, was not easy - not only toward the Boy, but toward theories of personality, psychotherapeutic techniques the best method for presenting this material. What it all narrowed down to was that I asked myself two questions:

1. In terms of personality theory and psychotherapeutic technique, what did I believe in, not only for adults, but also for children, and especially for this boy?

2. In therapy, what did I do? And what effect did it have? And how would I convey to anyone else what happened in this interaction?

At one extreme was an opinion such as Maddi's (1974), who noted that systematic research comparing several psychotherapies show that all treatments studied are about equally effective in reducing symptoms and the effectiveness they share is simply moderate, which leads him to believe in the enormous power of the mind. He suggests that all cures are based upon the phenomenon of conversion, a conversion or faith in a set of beliefs which is independent of therapeutic approach. The selection of one theory and treatment over others, Maddi claims, must be made on a decision based on esthetics or ethics, rather than on empirical fact.

Dabrowski (1972), within the theoretical framework of the Theory of Positive Disintegration, a multilevel, multidimensional theory of development, advocates different psychotherapeutic approaches for individuals diagnosed as functioning at different developmental levels. The theory is value-laden, and postulates the objectivity of higher human values.

Individuals at the lowest, and the most common, or average level of development, according to Dabrowski, would not likely seek psychotherapeutic help. With the onset of second level disintegration, therapeutic decisions include considerations as to whether the individual has the strength, constitutionally and prognostically, to endure further developmental upheaval. Once multilevelness is a certainty, even in its' most nucleus-like form, therapy becomes more and more a process of handing the reins over to the client, a progression from therapy to autopsychotherapy, with the client and therapist changing their former roles of master and student to that of friends.

Dabrowski (1972) notes:

> As we pointed out repeatedly, the existential types of psychoneurosis, i.e. the higher levels of psychoneurotic processes such as anxiety, depression, infantilism, psychasthenia, appear only in individuals who develop a multilevel inner psychic milieu. (p.214)

Strupp (1971), summarizing research in psychotherapy, says:

> The basic problem in psychotherapy therefore is how one person influences another, and this calls for the specification of the conditions which potentiate, or, alternatively, vitiate the process. Simply put: "What does the psychotherapist do to bring about a given result?" (p.128).

Maslow (1971) devotes himself to a consideration of the therapeutic attitude, noting that counselling is not concerned with training or molding or teaching. Rather, it is an uncovering and then a helping. The decent therapist is a decent human being. In order to help the client, the good clinician must be non-intruding, non-controlling, observing in a non-interfering fashion rather than controlling and manipulating.

> What the good clinical therapist does is to help the particular client to unfold, to break through the defences against his own self-knowledge, to recover himself, and to get to know himself. (1972, p.52)

This requires an attitude which trusts in the health-moving direction of most individuals, for trust rather than mistrust in the organism, for belief in the idea that a state of felt well-being is a good guide to what is best for the person.

In relation to children, Maslow states that, if we want to learn about them, we had better develop techniques for getting them to tell us how it is for them, and what is best for them.

This at last was more my position, and it was consistent with Moustakas' (1966) ideals for child psychotherapy. Considering the possibility that we are all children, some a little older, some a little younger, the attitude of these two men I decided was also mine.

If I advocate a particular attitude and no one technique, how then could I describe what happened so that someone else could make sense of it? Again, in Gendlin's (1966, 1973) experiential psychotherapy, I found a way of discussing process in therapy without forcing the interaction into a state, or a static label. Gendlin himself, in using one of his key words "authentic", linked it to the process, not the content of the interaction, (not "what is authenticity?" but "how is an authentic interaction created, maintained, sustained and defined?") thus maintaining the dynamicity of the concept rather than letting it precipitate into a state.

Fingarette's (1969) writings on self-deception and self-avowal had been on my mind for several years, though I re-defined the concepts for the purpose of this work. Though avoiding one particular point of view, one perspective, or personality theory, I found it necessary to ground these concepts in order to discuss another important one.

Psychotherapy as a "corrective emotional experience" (F. Alexander in White, 1964) had also remained significant for me. By this I mean, I was convinced Fingarette and Alexander were "on to something" so to speak. I attempted to link the three concepts, self-deception, self-avowal, and corrective emotional experience in a triangular image of the dynamic self. For me, the dynamic self is "self" as possibility, the static self is 'self' as actuality. It is, I believe, the static self, the individual who experiences himself in a state, 'stuck', bogged down, who goes for psychotherapy in the hopes of reactivation. The overly dynamic self (hyperexcitable) can also be in trouble. My simplestnotion of psychotherapy is this:

> Love (the concerned eye of the therapist) stops you if you are going around in circles, and gets you going if you've stopped.

Love has to do with contact, warm life-giving contact. I discovered just how frightening this type of contact could be to a youngster who had known only pain in close relationships. Though strongly desiring it, he could not "cope with abundance." It took some time before he could absorb and utilize the nourishment provided by love. After this process of discovery, I was delighted to find Desmond Morris' (1972) statement:

> To be intimate means to be close, and I must make it clear at the outset, that I am treating this literally. (p.1).

But how do you get close to a hurt and frightened child? How do you convince him you are not going to hurt him? The time required for that process is, I believe, directly related to: (1) how deeply the child is hurt, (2) his constitutional capacity for recovery from shock, and (3) the counsellor's ability to monitor that process and be patient. That process is the one I attempted to describe, and it is based on the raw data of the case study, the facts as they became known to me, and how I responded to and used the available knowledge.

After trust was established, the boy permitted, and eventually engaged in physical contact, eye contact and verbal contact. Again, I was pleased to find Tinbergen's (1974) article on his and his wife's work with children who display autistic behaviours. He found the same progression.

And last, but in no sense least, my understanding of the change in the way the boy spoke and expressed himself over the fifteen months, his noticeable change from high speed irrelevant chatter to more slowly paced sincere utterances, I attribute to the writings of John Holt (1964). Again, when reading Holt's (1964) explanation of why children fail (and he was concerned mainly with math), why children fail math, fail to grasp the meanings of the symbols which represent the concrete realities of the physical world around us, I understood that, just as math symbols represent the concrete realities of beads or blocks, verbal symbols represent the concrete realities of love and physical contact in the early years of our human existence. I began to understand why some children fail life.

Counselling Approach

In regard to research in psychotherapy, Strupp (1971) has this to say:

> Most of the knowledge we possess in this area is the result of work by perceptive clinicians who have intensively worked with patients over long periods of time, and there is little doubt that their contribution to theory and technique far outdistance the efforts of the researcher, who, as I have noted, is very much a newcomer. As research in the area gradually got under way, many investigators were far better methodologists than clinicians, and their understanding of the phenomena they sought to investigate was often inadequate. (p.xi).

Regardless of theoretical differences, "it is clear that psychotherapy is an applied art and the psychotherapist is an applied scientist."(p.16)

> The manner in which a patient's problem is conceptualized is frequently a function of the clinician's theoretical presuppositions, so that the person of the evaluator becomes a highly important variable. (p.86).

Child Psychotherapy

The problems of children adds Strupp "closely parallel the ones encountered in adult psychotherapy, and there is no standard method of psychotherapy with children any more than there is one in the case of adults." (p.73).

Family Therapy

> Family therapy appears to be an extraordinarily functional and rational approach to psychotherapy, and it capitalizes upon existing patterns of relationship in a natural group. Its value is probably greatest in families whose members have at least a modicum of loyalty to each other, where hostility and strife have not as yet become pervasive, and where individual members are not too severely incapacitated by their respective emotional problems. (p.72)

Existential Child Psychotherapy

> In each life, there are moments that leave an imprint in the mind and heart and spirit, moments that transcend lesser times and enable a person to stretch beyond what he has known, into a new realm of discovery. In such moments, the person feels his feelings; he hears his own inner dialogue; he feels his footsteps and knows them to be his own . . . The individual no longer gets in the way of himself: he knows what he wants; he is aware. (Moustakas, 1966, p.1)

This moment of awareness and discovery and presence, this existential moment, even though it is just a moment, can be the beginnings of a new conviction, or commitment, a new direction in human life.

In therapy, the existential moment is the moment when the child and the therapist are in full communion.

Moustakas cites Martin Buber's description of the kind of communion that allows a child to develop:

> But if he has really gathered the child into his life then that subterranean dialogic, that steady potential presence of the one to the other is established and endures. Then there is reality between them, there is mutuality. (Martin Buber, 1947, p.98).

Goals for the experiential therapist, according to Moustakas, are:

1. He is sensitive to the self of the child, his healthy and sick components, his special potentialities.
2. He must be willing to face the child in the moments between them when hostility and despair emerge and threaten to overwhelm by their power, trusting in the child's capacities for healthy re-emergence.
3. He must maintain his own uniqueness, not adhering to vested schools, neither in terms of facts and figures, nor concepts and theory; and, at the same time, without committing himself to a theoretical framework through which he conceptualizes the child, make use of the knowledge of theories available to him from his years of training.
4. He must continue to regard the child as entirely new, no matter how much his behaviour may appear like that of other children.
5. He must be committed to spontaneous, ongoing, human processes and potentialities that are sparked in the communion of a significant relationship. (Here Moustakas makes clear that he is not referring to existentialism, or the existential analyst, the latter which can, in the name of the former, as a theoretical framework, examine and analyze even more thoroughly than traditional analysts.)

In experiential therapy, "the child must be free, must even be encouraged to maintain his own identity, his own ideas, his own perceptions of reality, no matter how disturbed they may appear to the therapist." (Moustakas, 1966, p.5).

The experiential confrontation leads toward deeper relatedness, to authentic life between persons.

> The therapist never loses sight of the fact that the child is seeking in his own way, however fragmentary or futile or destructive it may appear, to find an authentic existence, to find a life of meaning and value, and to express the truth as he sees it. (Moustakas, 1966, p.6).

Experiential Psychotherapy

Experiential psychotherapy today, states Gendlin (1973), includes therapists who think in experiential terms as well as in different theoretical vocabularies. If the emphasis is on the lived, felt, concrete steps of the process, with words operating simply as tools of these steps, an experiential therapist would use words, or concepts, from any number of different theories in the course of therapy, but would not be bound by the concepts.

Experiential therapists, therefore, talk in many different theoretical languages, but they share the method.

The emphasis is not on the what (is happening) of the process, but the how. The method is not dependent on what theory is chosen, or which technique, but how either is used.

Systems other than the experiential psychotherapy system are either single-theory systems or single-technique systems. Both types, states Gendlin, suffer from the claim to exclusiveness.

Experiential theory holds that only in one's bodily and cultural context does one, on top of that, make oneself a unique individual. One does this by moving beyond what one has been.

Psychological maladjustment, in experiential theory, is the loss of touch with one's own inner experiencing.

> If neurosis can be considered a being out of touch with one's potentially rich ongoing experiential flow, then psychosis is an even more radical narrowing of this flow. Psychosis appears to be possible for anyone. (Gendlin, 1973, p.332).

The word "mechanisms" of psychotherapy does not fit people, states Gendlin (1973), because they are not mechanical. The basic theoretical question is how and why persons change in psychotherapy.

> Existentialists say that what a person is, is made by the living that person does, hence a person changes only through more and different living. (p.341).

The question of change is answered if one views psychotherapy as a further living, one which is experientially authentic.

> One wants to change precisely into onself, into more of oneself than one has been able to be so far. Therefore the crucial step of the kind of change called "therapeutic" is to change from having lived inauthentically to living authentically. (p.342).

Summary

The experiential approach can be used to anchor any concepts by paying attention to one's felt sense. Any theoretical vocabulary can be thus grounded, if used experientially.

By choosing authenticity, one moves beyond existing structures, one's own, and, sometimes, society's.

Experiential development is difficult, often marked more by the courage of the effort than by the success. Authenticity can be painful, painfully sad and painfully pleasant.

Existential ethics emphasizes that one need not remain hopelessly bound to some unspoken code (of thought, behaviour, feelings), but must each day reaffirm whatever he believes in.

Results in psychotherapy must include a change in actual living in order to be successful. Though hard to measure, it must be large enough to be "perfectly obvious."

My approach to psychotherapy, with an emphasis on child psychotherapy

This section will be discussed under the following headings:

1. Self-deception and self-avowal.
2. Psychotherapy as a corrective emotional experience.
3. Language change during therapy from instrumental to representational.
4. Re-establishing the "truthfulness" or meaningfulness of language through physical contact.

1. Self-deception and self-avowal, or movement toward authenticity.

Because reality is painful, man is tempted into self-deception. Jaspers (1923) has this to say:

> It is difficult to expose ourselves fully to reality. Reality exacts constant self-denials, continuous effort and painful expereinces and insights. There is therefore a strong urge to withdraw from reality. Life always finds a possible way to circumvent it, screen it off and find some substitute and this is accompanied by the momentary pleasure of easy gratification but it is always at the price of loss of health or life. In a host of individual situations, as indeed throughout his whole life, man is constantly faced with this choice of either penetrating or denying reality. (p.328).

Fingarette (1969) asks:

> What, then, shall we make of the self-deceiver, the one who is both the doer and the sufferer? (p.1).

What shall we do, he asks, about the true hypocrite, he who no longer perceives his deception, who, in fact, lies with sincerity?

The answer, for Fingarette (1969), lies in self-avowal, a spelling-out, by the individual, of his engagement in the world. In regard to this, he states:

> Rather than taking explicit consciousness for granted, we must come to take its absence for granted; we must see explicit consciousness as the further exercise of a specific skill for a special reason. (p.42).

Generally, he adds, we avoid becoming explicitly conscious of our engagement in the world, and, furthermore, we avoid becoming explicitly conscious that we are avoiding it.

Spelling-out is an activity which can be done by, and only by, the individual himself. An observer can describe another's engagement, but, in so doing, is spelling-out the way he apprehends the other's engagement in the world.

A person in self-deception is one who deliberately avoids spelling-out some aspect of his engagement in the world. This seems to be an inability, and yet at a deeper level it would appear to be tacit intention not to do so.

Sincerity, for Fingarette, is:

> . . . a conformity between what the individual tells us and what he tells himself. (p.52).

Isolation, non-responsibility, and the incapacity to spell-out are the three main characteristics of disavowal, the act of the individual in self-deception.

> Generally speaking, with the emergence of the person in the individual, there is a tendency for increasing correlation between what is avowed by the person and the actual engagements of the individual. It is in terms of the tacit ideal of perfect harmony in this respect that we tend to assess the individual. We are less disturbed by the discrepancies we see in the child; children are only "half formed"; they will "grow up" and "grow out of it"; meanwhile, they go in a hundred directions, and we are patient of this. Yet even for children we do have certain age-level expectations. (p.87).

Fingarette notes that his position is closest to that of Sartre's, and, in examining how the various psychotherapies deal with self-deception, notes that classical psychoanalysis has always had, as its optimal goal, avowal of one's engagements. The 'existentially' oriented therapist, on the other hand, because he sees the world of the patient as the world of engagement, prefers not to speak of a 'patient' at all.

> What the self-deceiver specifically lacks is not concern or integrity but some combination of courage and a way of seeing how to approach his dilemma without probable disaster to himself. The nature of the help which the self-deceiver needs follows from this diagnosis. He needs someone who can help him, tactfully but persistently, through a detailed consideration of the texture of life. This helper must also offer evident, unswervingly dedicated reliabilty and dispassionateness, wide relevant knowledge,

> personal strength and humane tolerance; for the self-deceiver must be helped to go to the limits of his courage, but not provoked beyond the breaking point. This help is precisely what the ideal psychotherapist would offer. (p.143).

Gendlin (1973), though he does not use the term self-deception, speaks of, in his experiential psychotherapy, a movement toward authenticity, brought about by making explicit what was implicit. The authenticity refers more to the 'how' than the 'what' of the process and is a 'carrying-forward', a felt shift which occurs when a specific feeling, word or image is grasped.

This articulation, this making explicit what was implicit, allows, along with a reduction in felt tension, new aspects to become implicit and press forward.

2. Psychotherapy as a corrective emotional experience.

White (1964) quotes Franz Alexander as saying that psychotherapy does not take place mainly in the sphere of the intellect, but that its' basic principle is:

> . . .to re-expose the patient, under more favourable circumstances, to emotional situations which he could not handle in the past.

The patient must:

> undergo a corrective emotional experience.

Psychotherapy, adds White, is designed to bring about learning, but it cannot get anywhere by the lecture method.

It's sphere of operation is the patient's feelings.

Therapeutic learning, says Strupp (1971), is corrective learning, the modification of techniques which are already in the patient's behavioural repertoire.

> The psychotherapist (1) provides the patient with an interpersonal relationship which is conducive to a corrective emotional experience, and (2) employs the relationship as a vehicle for technical interventions which differ in terms of divergent theoretical assumptions. (p.20).

Gendlin (1973) notes that "Psychosis appears to be possible for anyone." (p.332). Goldfarb (1970) notes that the concept "childhood psychosis", which meets with little agreement, is a recent one and has always reflected prevailing opinions regarding adult psychosis. The etiology is not yet established.

Strupp (1971) notes that:

> . . . the problems of children closely parallel the ones encountered in adult psychotherapy, and there is no standard method of psychotherapy with children any more than there is one in the case of adults. (p.73)

Moustakas (1966) outlines the goals for the existential therapist noting that the therapist transcends schools of thought, faces the child fully, and trusts in the child's capacities for healthy re-emergence. The child, he says, is seeking:

> . . . to find an authentic existence, to find a life of meaning and value, and to express the truth as he sees it. (p.6)

This, he says, is so:

> . . . no matter however alienated or detached a child may be. (p.6)

and that:

> . . . there remains within him an entirely unique and particular substance that is his own, intact and inviolate, an individuality that can be recognized and called forth in the encounter. (p.6).

Gendlin (1966) points out that therapists who have worked with children (Virginia Axline, Clark Moustakas) have always recognized the value of the experiential, and have always looked at words, gestures, play acting and all symbolic activity as growing out of "concretely ongoing sentient (gut-level) experiencing."

> Existentialists say that what a person is, is made by the living that person does, hence a person changes only through more and different living. (in Corsini, 1973, p.341).

Experiential psychotherapy is a 'further living', one in which a client (child or adult) changes from having lived inauthentically to living authentically.

3. Language change during therapy from instrumental to representational.

Mahl (1959) addresses himself to the distinction between the representational and instrumental models of language.

The representational model assumes that behavioural states in a speaker are directly represented in the symbolic content of his messages.

The instrumental model emphasizes the instrumental function of language in the gratification of needs or drives, or in the implementation of motives and attitudes.

Variations in message content are categorized as follows:

1. Abbreviated utterances are associated with a positive history.
2. Displaced utterances are associated with a negative history.
3. Irrelevant utterances are associated with a strongly negative history.

Mahl feels language becomes instrumental through (1) deprivation of positive experiences, and (2) negative, traumatic emotional experiences. If the experience is intense enough, affect generalizes so that all language skills are disrupted and so that the affective products of the drive state themselves succumb to repression. In these cases, nonrepresentational messages become "doubly" instrumental, for they may obtain the desired positive gratification and simultaneously circumvent real or imagined dangers.

John Holt (1964), in his book How Children Fail, claims that children do not do well in mathematics because, instead of letting them manipulate concrete objects such as beads on an abacus until they themselves find them unwieldy and ask for shortcuts, (the written numbers), we give them the symbols (numbers) too hastily and teach them to juggle them. Some succeed; most don't. Why? Because, Holt says, these symbols are not grounded in a meaningful and easily manipulated concrete reality, a reality well-known to the child. The child becomes progressively more lost, until finally he may just look hazy when presented with a mathematical problem.

> And this is the great danger of asking children to manipulate symbols whose concrete meaning they do not understand. After a while they come to feel . . . that all symbols are meaningless. Our teaching is too full of words, and they come too soon. (p.146).

I want to make the same or a similar claim about the grounding of language in a child's reality. I believe that words of love and affection to a little child are almost always associated with physical messages which say the same thing. In fact, the physical messages come first, accompanied by the love words. It is only when the child is old enough and has inner strength enough to believe the words alone that we can afford to stop giving the messages simultaneously.

So a little child sees the adults in his world, usually his parents, hears and/or feels the message conveyed to him, and believes, or not. If there is congruence between the physical message and the spoken word, the child can 'believe his eyes', or 'his ears'. I am suggesting that if a child is raised in a 'congruent language environment' (one in which words and physical messages say the same thing) language will, for him, represent a concrete physical reality which he understands, and to which he can return if the going gets rough.

Considering language, then, as a symbolic manifestation of the interaction of experiential worlds, words as symbols may or may not represent realities. Children must eventually learn to juggle and use successfully symbols (words) of realities that may or may not exist. Autistic and schizophrenic children may fail to learn to juggle meaningless (to them) symbols. Their silence could be authentic.

4. Re-establishing the truthfulness or meaningfulness of language.

How does one re-establish, with a child patient, the "truth", the meaningfulness of language? I believe it is a three step process, two of which lay the groundwork for the use of meaningful language. These steps I believe to be: (1) physical contact, (2) eye contact, and (3) verbal contact. It seems necessary to return to the most concrete way of expressing love for another, a way which is familiar to us all.

Desmond Morris, in Intimate Behaviour (1972), has this to say:

> To be intimate means to be close, and I must make it clear at the outset that I am treating this literally. (p.1).

He is referring here to physical contact, and the topic is the subject of study for his book. His method is that of the zoologist trained in ethology. He simply observes and analyzes human behaviour. Despite self-discipline, Morris notes that preconceived ideas repeatedly get in the way. He tries to look at human behaviour as if seeing it for the first time, something he feels the ethologist must do if he is to bring new understanding to the subject. The more intimate the behaviour the more difficult it is to observe, and the more emotionally charged it becomes, the more difficult it is, both for the performers and the observers.

> But there is nothing illusory about the powerful process of the formation of strong bonds of attachment between one individual and another. This is something we share with thousands of other animal species - in our parent-offspring relationships, our sexual relationships, and our closest friendships. (p.2).

Intimate encounters involve verbal and visual elements, but, most important of all, loving means touching and body contact. Unhappily, he notes, we have become less and less 'touchful', and this untouchability has been accompanied by emotional remoteness.

The human being from baby-hood to adult-hood, goes through three stages of physical intimacy. They are: (1) Hold me tight, (2) Put me down, and (3) Let me go. These phases are repeated in all close relationships, and, if any is thwarted, there is trouble.

Tinbergen (1974) in his paper Ethology and Stress Disease, addresses the problem of what is now widely called "early childhood autism." The syndrome,described by Kanner in 1943,involves:

1. A total withdrawal from the environment.
2. A failure to acquire, or a regression of overt speech.
3. A serious lagging behind in the acquisition of numerous other skills.
4. Obsessive preoccupation with a limited number of objects.
5. The performance of seemingly senseless and stereotyped movements.
6. An electroencephalogram (EEG) pattern that indicates high overall arousal.

This set of behavioural aberrations looked to Tinbergen and his wife, who joined him in his research, to be on the increase among children in Western or westernized societies.

A number of autists recover, some of them spontaneously, but most end up in mental hospitals where they are diagnosed as schizophrenics.

Tinbergen notes that in spite of extensive research,medical opinions regarding its causation, treatment, and even recognition vary widely.

The Tinbergens (1974), when they read a statement by Dr. John and Corinne Hutt (1970) that:

> . . . apart from gaze aversion of the face, all other components of the social encounters of these autistic children are those shown by normal nonautistic children. . . (p.21).

Sat up and took notice, because they knew from many years of child watching that normal children show, quite often all the elements of Kanner's syndrome. (p.21).

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The Tinbergens followed Medawar's advice, namely that:

> It is not informative to study variations of behaviour unless we know beforehand the norm from which the variants depart. (p. 21)

though they realized that these words had not been heeded by many psychiatrists.

Because so many autists do not speak, the Tinbergens decided to study their non-verbal behaviour. They compared their knowledge of the nonverbal behaviour that normal children show only occasionally with that of true autists. The types of behaviour to which they paid attention were these:

1. The child's keeping its distance from a strange person or situation.
2. Details of its facial expression.
3. Its bodily stance.
4. Its consistent avoidance of making eye contact.

Apart from this, they also collected evidence about the circumstances in which normal children reverted to bouts of autistic behaviour.

> What emerged was the information that such passing attacks of autistic behaviour appear in a normal child when it finds itself in a situation that creates conflict between two incompatible motivations. On the one hand, the situation evokes fear (a tendency to withdraw, physically and mentally); on the other hand, it also elicits social and often exploratory, behaviour, but the fear prevents the child from venturing out into the world. And, not unexpectedly, it is naturally timid children (by nature, or by nurture, or by both) that show this conflict behaviour more readily than more resilient, confident children do. (p.21).

Tinbergen's point is that they all respond to the environment. When visiting a family with young children, the Tinbergens, after a brief friendly glance, ignore the children completely, at the same time eliciting friendly responses from the parents. The child starts by looking intently at the stranger, studying him guardedly. The visitor may then risk a glance at the child again. If the child breaks off eye contact, the visitor must cease immediately. Very soon the child will approach physically. It approaches gingerly and may touch the visiting adult on the knee. This is a crucial moment - one must not look at the child, but may cautiously touch the child's hand with his own. Soon after, one may apply pressure in the hand contact, always ready to revert if the child withdraws. The child will soon become more daring, and by indirect vocalization, will begin to cement a bond. One can then switch to eye contact. This must be done cautiously, and only briefly at first, and longer later. The child may then take the initiative, and maintain eye contact for quite some time.

Throughout the process the numerous expressions of the child must be understood in order to monitor the process correctly. Different children require different starting levels, and different rates of speeding-up. The visitor must adjust himself to the monitoring results.

Tinbergen concludes:

> Now, if we are only partially right in assuming that at least a large proportion of autists are victims of some kind of environmental stress, whose basic trouble is of an emotional nature, then one would expect that those therapies that aim at reducing anxiety, by allowing spontaneous socialization and exploration whenever it occurs, would be more successful than those that aim at the teaching of specific skills. (p.23).

Summary Statement

Because reality is painful, man is tempted into self-deception (Jaspers (1963).Fingarette (1969) sees the way out of self-deception as self-avowal. Gendlin (1966) while he does not use the term self-deception, speaks of, in his experiential psychotherapy, a movement toward authenticity, brought about by making explicit what was implicit.

In order for psychotherapy to be effective, the patient must undergo a corrective emotional experience. (Alexander, 1946; White, 1964; Strupp, 1971). Its basic principle is to re-expose the patient, under more favourable conditions, to emotional situations he did not handle in the past, thus mediating experiential learning.

Existentialists say that a person is made by the living he does. To change, he requires more and different living. Experiential psychotherapy (Gendlin, 1973) is a "further living", one in which the client changes from having lived inauthentically to living more authentically. Fingarette (1969) would consider this a movement from self-deception to self-avowal.

Goldfarb (1970), in reviewing the literature on childhood psychosis notes that the concept is a recent one and has always reflected prevailing opinions regarding adult psychosis. The etiology is not yet established.

Strupp (1971) notes that the problems of children parallel the ones found in adult psychotherapy, and that there is no standard method with children, just as there is not with adults.

White makes the same comment (1964), that psychotherapy with children is not fundamentally different than with adults, except that the child does not come of his own consent, necessitating the effort, on the part of the therapist, to create a favourable therapeutic atmosphere.

Both White (1964) and Strupp (1971) agree that conversation is a poor medium, especially with younger children.

Gendlin (1966) notes that therapists who have worked with children, have always valued the experiential, and have viewed all gestures, play-acting, words, all symbolic activity as growing out of felt bodily experiencing.

Moustakas (1966), in defining the "existential moment" offers Buber's (1947) description of "mutuality", the reality between child and therapist, as the kind of communion that allows a child to develop creatively. No matter how alienated a child may be, claims Moustakas, there is within him a unique substance which is his own, an individuality which can be called forth in an encounter.

To me, this inviolate self Moustakas speaks of is the self which, through the corrective emotional experience, avows what was previously disavowed. This is brought about by the child's making explicit what was implicit, whether through play-acting, gestures or words.

In the case of a child, who has not come to the therapist of his own consent, complications can arise. The child may have moved into a state of self-deception as a survival strategy in his environment. Whether or not he has the strength to survive, should the veil be lifted, must be taken into account.

Holt (1964) hypothesizes that children fail mathematics because, instead of numbers being symbols of concrete, manipulatable reality which they know like the back of their hand, they are ungrounded vague, and meaningless data which they cannot juggle successfully forever. Eventually, they come to feel that all mathematical symbols are meaningless.

I believe that the same holds true for spoken words as symbols of concrete realities. A child's earliest messages of love are of a twofold nature: cuddling, and murmurings. As a child grows, the words alone suffice, except in times of crises (injury,fright) when he runs back to the first reality for comfort.

I believe that if a child is raised in a "congruent language environment", (one in which words and physical messages say the same thing), language will, for him, represent a concrete physical reality which he understands and can trust, and to which he can return if he is in difficulty.

In an "incongruent language environment", where there are two languages, verbal and non-verbal, and where the verbal language can either represent the reality of the speaker, or not, I believe that children, if they are not quick to grasp both the situation and a survival technique, may end up in trouble. In fact, their survival technique, should it be the use of instrumental or doubly instrumental language, can also get them into trouble in the outside world, the world outside the family.

And so, in a child's world, where words represent a positive and understandable-to-him reality, a child will develop faith in the meaningfulness of language.

But in a world where language is used as an instrument to obtain other than what it appears to represent, where deviousness of messages is the order of the day, in short, where language, man's finest and most sophisticated tool is used to threaten, and harm growing children, there would, I believe, be a possibility that words would lose their meaningfulness. One would expect, in a situation like this, children to fall back on and believe the first language, body language, or non-verbal behaviour. Children in such situations would likely not take words seriously, not treat another person's word with respect, nor value their own. Words would not represent experiential realities, but would be sent off like bullets, as a defence, or like a jet of air, for a cloud cover.

Language is a shortcut, a symbol of a concrete expression of mutuality between persons. The first reality is created between parent and child. Whether or not words, in general, are meaningful depends on the "truth" of this reality. All words, like mathematical symbols can be juggled (instrumentally) to some degree, by a child. During the course of therapy, the child (or adult) should give up the use of instrumental language and return to representational language, a language this time founded in the mutuality of the therapeutic encounter.

During the course of therapy, I believe that the client at first uses language instrumentally, or doubly instrumentally, as he has learned to do to survive, and that, in the accepting and genuine atmosphere of the therapeutic situation, eventually gives up this defensive and devious manner of speaking and begins to speak the truth about himself. In fact, this setting is one in which he can practice discussing emotional issues in safety, so that his instrumental language, his weapon for self-defence and self-preservation, can be put aside.

As he returns to the "real" world each week, or after each session, he may be forced, by the "sickness" of his environment, to return to the use of instrumental language as an ongoing survival strategy. But he knows he can, at least for one hour a week, speak representationally about his reality, speak the truth about himself.

How does one re-establish, with a child patient, the "truth" the meaningfulness of language? I believe it is a three-step process, the first two of which lay the groundwork for the use of meaningful language.

Morris (1972) notes that there is nothing illusory about the powerful process of the formation of strong bonds between one person and another, bonds of attachment. These intimate encounters include visual and verbal elements, but, in loving relationships, touching and body contact are most important of all.

Human beings, as they grow, move through three stages of intimacy: (1) Hold me tight, (2) Put me down, (3) Let me go. These phases are repeated in all close relationships.

Tinbergen (1974), in observing non-verbal behaviour in normal children faced with strange persons or situation, discovered that such children experience autistic behaviour, but the attacks are of a temporary nature. Their duration depends on the nature of the child, (timid children are more frightened) environmental support, and the sensitivity with which the "stranger" accustoms the child to himself. In this new encounter, children seem to find eye-contact threatening.

If left alone, ignored, they will eventually approach and touch. At this time, the visitor may touch the child, but may not yet look at him. Eye-contact is the second stage.

This must be done cautiously at first, and only briefly. Eventually the child will be able to take the initiative in making eye-contact, and will be able to maintain it for quite awhile. During this stage, the child will begin to cement a bond by indirect vocalizations.

Eventually, the child plays freely with the former stranger, and, though the process may have to be repeated the next time they meet, it will not take so long.

I believe that, in the course of child psychotherapy, it is necessary to take the time, however long that may be, to re-establish the trust necessary (Tinbergen, 1974) to begin the three steps outlined by Morris (1972): (1) Hold me tight, (2) Put me down, and (3) Let me go. The touching and body contact will take place during the first phase, eye-contact during the second stage, and verbal contact during the third. In crises, the child must be free to revert back to the first stages to "ground" himself in the reality of intimacy.

My conclusions, then, are these:

a. Because reality is painful, man is tempted into self-deception.

b. Degrees of self-deception, up to and including psychosis, are possible for anyone.

c. The way out of self-deception is self-avowal, the length of time required correlated with the degree of self-deception, amongst other things.

d. Psychotherapy is a corrective emotional experience, its sphere of operation the client's feelings, not his intellect. It consists of movement toward the true self, and occurs through making explicit what was implicit in the true story of his life.

e. The etiology of the most acute childhood problem, psychosis, is not yet established. It appears to reflect prevailing opinions regarding adult psychosis.

f. Problems of child psychotherapy parallel those of adult psychotherapy.

g. Psychotherapy with children would appear to differ from that with adults in only one way - the child does not come of his own consent.

h. This requires a special effort on the part of the therapist.

i. The necessary attitude toward the child is the existential attitude, as described by Moustakas (1966), in my estimation.

j. The process occurring as a result of this attitude, and the eventual reaction toward it on the part of the child patient, is accurately described, in my opinion, in terms of experiential psychotherapy, by Gendlin (1966, 1973).

k. Language, if used at all by the child, who is not there of his own consent, is probably instrumental.

l. In the mutuality of the encounter, the child may give up the use of language as an instrument and let his language represent himself, speak the truth about him.

m. For language to become meaningful again, it must be grounded in the reality of warm, loving contact.

n. In order for warm loving contact to be accepted, the therapist must give the child time to examine, approach, touch, run away from, and move back to him. If he knows the adult will "put him down" and "let him go", the child will eventually initiate the first step, that of "hold me tight."

Thus is a bond of attachment formed and cemented between two individuals. There is mutuality, an interaction of authentic experiential words. It can be maintained by eye contact and sustained by meaningful verbal contact.

CHAPTER V

THE CLIENT

Introduction

Small for his age, (13 years), he was too thin, pant legs and shirt sleeves too short for his limbs, but waist and collar too large for his frame and his throat. He had a long narrow face, short dark brown hair, and penetrating dark-brown eyes.

The introduction lasted only a few seconds, and he went into action. He tugged the string on the venetian blinds, pulling them up and down, flicked the light switch on and off several times, raked the chalk across the board in a large, sweeping gesture, and, without pause, climbed first on the chair, then on the table and tried to reach the exposed hands on the clock high on the wall.

Looking down, he noticed the paper and pen on the table. "That's what really bugged me about the other counsellor", he said, "always writing stuff down and he'd never let me read it."

He had been assigned to me after eight sessions with a male counsellor. Asked not to read the case file before assessing him for myself, I made the following observations:

1. bright (intelligent) (observation based on his vocabulary).
2. sensitive but feigns insensitivity.
3. alert to what is said, but often ignores it until he finishes what he is doing.
4. looks directly at one, but not deeply.

5. open and candid, but too much so for a first encounter.
6. self-contained.
7. wants to "run the show."
8. moves around the room constantly,touching everything.
9. his constant movement seems to be deliberate and controlled; he did not remain in one position for more than a few seconds throughout the hour.
10. he said that I was staring at him, and didn't seem to like it.

Particularly noticeable were: his extreme psychomotor activity, restlessness and inability to sit still, his non-stop airy high-speed chatter,his arrogant air and his manner of talking as if to an inferior, and his alertness, his eyes which saw everything and did not like to be "looked at."

Symptomatology:

The following is a description of the Boy's symptomotology as seen by the significant others in his life, including the counsellor who had counselled the Boy previous to his being assigned to me. This will include accounts by:

1. School Counsellor (who also made referral).
2. Teachers (three).
3. Mother.
4. Father.
5. The Boy himself.
6. Male Counsellor.
7. Female Counsellor (myself).

1. School Counsellor.

The referral problem read as follows: "The Boy has had a long history of being rejected by his peers. He has many interpersonal skills to learn. His teachers generally feel he could do better in school, and his mother indicates that she is concerned about him.

2. Teachers.

They felt he could do better in school. Two teachers found him "hard to take", his hyperactivity and unending curiosity disruptive in the classroom. The third found him no problem in his room, even eager to please, and thought the Boy was rejected because of this.

3. His mother thought:

- he was unhappy because he seldom smiled, but had improved over the last year.
- he didn't make enough effort to be friendly.
- he was unable to see it was partly his own fault others saw him as he was.
- he was hyperactive.
- he was unintelligent.
- he was mean, i.e. steps on the cat's tail.
- he refused to do as he was told; had to be told "six or seven times."

4. His father thought:

- he had spoiled his son.

5. The Boy himself thought:

- he was a "runt", small for his age.
- the kids rejected him because of his haircut or clothes.
- the kids thought he was a "mo."
- he had a big nose and "ugly breath." (His mother had told him so.)
- he was a "cripple" at sports.

6. Male counsellor thought: (over eight sessions)

Session 1) he was highly active, perhaps nervous and high strung.

- he was curious.
- he wandered off the topic.
- he had many adult qualities.
- he seemed to be a hard worker (in school), but did not excel in school as one would expect.
- he was small for his age, frail.
- he was personable, easy to talk with but had no accurate perception of himself in social situations.

Session 2) he was bright and that he spoke in an adult manner.

Session 6) he was restless, unable to stick to any topic.

- he was fidgety, jumped up and down.

Session 7) he was anxious, nervous, hyperactive, highly excitable.

Session 8) he was hyperactive.

- he was difficult to talk to, even for short periods, without his jumping on the table, pulling on the venetian blind cord, dismantling the microphone etc.

Summary

His parents were disappointed in him, his father thinking he had spoiled the Boy, his mother regarding him as unintelligent, hyperactive, mean, balky about doing what he was told, unhappy, and unable to make friends.

His teachers felt he could do better at school, two out of the three talked to found him "hard to take" in the classroom because of his disruptive hyperactivity and curiosity.

The school counsellor referred him on because of an aversion he himself felt toward the Boy's "clingy" ways.

The Boy himself regarded himself as physically stunted, a "cripple" at sports, ugly, and rejected by the other kids because of his haircut or clothes. Secretly, he thought they thought he was homosexual.

The male counsellor at the clinic who had counselled him for eight sessions before the Boy was assigned to me thought he was indeed small for his age, that he was restless and fidgety and hard to talk to. He saw him as very active, perhaps nervous and high strung.

The Boy felt rejected by a number of important (to him) people in his world. The school counsellor said his classmates were past rejecting him, they ignored him.

For a lot of people around him, the Boy was a puzzle and a source of dismay.

History

He was an only child until he was eight years of age, when his only sibling, a girl, was born. During his early years, his mother worked outside the home, leaving the Boy first at a Day Nursery and later in the hands of a baby-sitter.

His father, a proud and independant man, had immigrated to Canada before the Boy was born. Though a skilled worker at his trade, for lack of written certification, he lost a number of jobs to men, who, though younger and less experienced than himself, had the necessary papers. The father thought he was being discriminated against because he had come from another country. When I met the Boy, the father was working as an unskilled laborer, a job which he considered beneath him. He didn't want the same fate for his son. The father felt he had been badly mistreated by his fellow-man, and that, in spite of their maltreatment of him, he felt he in turn was "moral" and decent toward them. When the Boy was beaten up in the alley on the way to and from school, his father wanted him to learn from this never to do the same thing to another human being, to put aside his personal pain and rise above the situation. If he could not, his father was ashamed of him.

His mother was more open in her feelings about this matter. She openly challenged the Boy with his inability to look after himself, implying he was a sissy. As a result, the Boy quit telling them about the times he was beaten up.

According to the Boy both parents preferred the Girl and this was later supported by my own observations during a visit. The Girl herself seemed to genuinely like her big brother, but he did not perceive this, nor did he like her.

The beatings in the alley had been going on for three years when

I met the Boy. He had tried to deal with the problem in a number of ways, but the situation had not improved.

At home, he spent most of his time in his room. He had a lot of homework because he did not complete his work in school.

From his point of view, life was not very pleasant.

CHAPTER VI

CASE NOTES - INTERVIEW MATERIAL - TYPESCRIPTS

I expect this chapter to be of most interest to counsellors especially those working with troubled children.

This chapter contains the data from the counselling sessions with the Boy. Included are:

1. Case note material from the fifty counselling sessions.
2. Interview material (parents, teachers, school counsellor, school psychologist, psychiatrist).
3. Typescripts, or typed segments of the ten tape-recorded counselling session, which were intersperesed throughout the entire fifty sessions.

In this chapter, information will be presented as it became available to me, so that, in the reading of it, and especially the client's own words, the reader will arrive at his own conclusions, based on his own intuitions.

I tried to avoid interpretative comments, though some may have escaped my notice. In writing up case notes, I always attempted two things:

1. To write them as soon after the session as possible, while the session was still fresh and clear in my mind, and,
2. to describe, without speculation and interpretation, as accurately as possible, what had taken place during the session.

The phenomenologist, Carl Graumann, a visiting lecturer to the

Department of Educational Psychology, July, 1974, stated that, "a good description requires no explanation." I have tried to present a good description.

The referral problem read as follows: "He has had a long history of being rejected by his peers. He has many interpersonal skills to learn. His teachers generally feel that he could do better in school, and his mother indicates that she is concerned about him."

The Boy was assigned to a male counsellor. In the initial interview, at which the boy's father and mother were present, he makes these observations: "He is a "runt." He would like to be liked. He would like to be perceived as having a sense of humour. With it, he (would have) a girl. Now they consider him a "mo", a young faggot."

"Father interested - concerned about justice,honourableness of men - not too well educated. Feels he spoiled his son."

"Last year he was actively rejected by the kids."

At this time, the Boy was 12 years, and 9 months old. He was in Grade 8 at school.

The counsellor described the Boy as a "highly active, perhaps nervous and high strung, curious twelve year old." During the interview he would wander off the topic, bang the microphone, and play with the switch. Then he asked - "Do you think I'm wandering off the topic?"

The counsellor saw him as having many adult qualities, especially in the terms of perceiving others and forming evaluative judgements. "He seems to be a hard worker, but does not appear to excel in school as one would expect. He is small for his age and frail and recognizes this as a problem. He speaks of himself as a cripple when it comes to sports. He is very personable and easy to talk with but has no accurate perception of himself in social situations. . . . I spoke with his mother for a few minutes after the interview and she feels he is unhappy, seldom smiles, but has improved over the last year. She believes he is unable to perceive the way others see him as being partly his own fault. She feels he does not make enough of an effort at being friendly."

Second interview: (alone with the Boy)

"He is bright and speaks in an adult manner. He still feels that flair pants and long hair would make him more acceptable even though others also chide him about his big nose and "ugly" breath. His nose is not really a problem but he accepts it as one. I suggested the ugly breath may or may not be a problem but he says his mother has told him too. He doesn't believe mouthwash will work. I suggested that if he truly had a problem, then there could be many reasons for it, i.e. poor diet, etc. He has agreed to leave a note in the mailbox of the school nurse asking for an appointment. She can verify the fact and perhaps help him with a solution. He is very interested in our audio-visual equipment and we took a walk to the floor it was on to see the computer . . . this could be an 'in' with him."

Third interview:

"Conversation moved toward his getting an after school job. He has applied for a job delivering flyers but rejects the possibility of delivering newspapers. Presents a number of reasons why he shouldn't:

1. Doesn't know anything about it.
2. Too heavy.
3. Low pay.
4. Too cold - afraid of losing weight.

I suggested that he really doesn't want a job - he accused me of "backing him into a corner."

Fourth Interview:

"He brought in his permission sheet to video-tape and we taped half a session. A little role playing was done and then the tape replayed. He expressed surprise at what he saw. He controlled the video tape recorder and replayed various sections - studying them. He notes his hair was funny and his sweater was too big for him."

Fifth interview:

"Once again we video-taped a session. He immediately launched into a discussion of an upcoming dance. His language is highly advanced and inappropriate for someone his age. More discussion and role playing. He claims others have told him he has buck teeth, large nose, bad breath, etc. . . . At the end of the interview I utilized the camera live to give him a profile of his nose. He was surprised to see it was not as he drew it on the blackboard."

Sixth interview:

"He is very restless. We seem today to be unable to stick to any topic. He fidgets, jumps up and down, etc. He claims he feels we aren't making any headway and that we talk about the same thing week after week. We move to the playroom where we release some energy interacting with puppets. This goes over very well despite his age."

Seventh interview:

"He is still anxious and nervous - very hyperactive. When he mentioned chess - I took him up on this and we played a game of chess. Even in playing the game he is highly excited. We did not finish the game and he ran off to meet his Grade 10 friend in the computer center. He expressed some concern at not being able to come back (this student counsellor's semester in the clinic is about to end) - he wants to come back but he is not overly concerned as to whether he will continue to see me." /

Eighth, and final interview:

"He is still very hyperactive. It has become increasingly difficult to talk even for short periods, without him jumping on the table, pulling on the venetian blind cord, dismantling the microphone etc. In summary:

1. He is eager to come back into the center in the next semester.
2. He would prefer a female counsellor - I suspect a male counsellor might be preferable since identification with his father seems low.
3. His hyperactivity is increasing.
4. He has become more confident and socially active.

I suspect some regret over being transferred to a new counsellor here. He seemed not to want to leave."

Interview #1:

Wanting not to be biased before meeting him, I didn't read his file. First impressions: a bright and sensitive but seemingly insensitive boy, he doesn't miss a thing you say, but often ignores it until he finishes what he is doing; slim, dark-haired, brown "alert" eyes, looks directly at one, but not deeply; open and candid, but too much so for a first encounter; self-contained, wants to "run the show", but sensitive to requests to stop doing something (although he does it just long enough after being asked to establish that he's the boss). Extremely intelligent.

He answered some very basic questions re: age, etc. and then asked the same questions of the counsellor. School was discussed briefly - he doesn't like it.

When asked to recall his earliest memory, he talked of crawling into the kitchen where his mother (who didn't know much about it) was sterilizing baby bottles. His father was more knowledgeable and he was reported to have said "not that way, stupid." The Boy added, I shouldn't tell this.".

Has one sister, 4 years, who is "dumb for her age" and "doesn't know half of what I knew at her age." He commented seven times during the interview "I'm sure smart!"

The Boy moved around the room, touching everything and explaining how everything worked, as if to an inferior. His constant movement appeared to be very much deliberate and controlled. He never remained in one position long, not for more than a few seconds.

Referring back to Grade 1, he said, "We read from Dick and Jane. What a book! The plane is going up, up, up. Now it comes down, down, down. It made me sick, sick, sick."

He mentioned twice that I was staring at him. Once, at the very end of the interview, after giving me a mathematical question which I answered, he looked long and hard at me. It was the only point of "mutual contact" throughout the interview.

Interview #2

The Boy told me he had a number of things to discuss. The first concerned girls, and a dilemma. The girl he likes doesn't like the way he acts, and he doesn't like the behaviour of the girl who likes him. He asked my opinion of long hair, and asked why his mother would say his hair is greasy when he can't see that it is.

I suggested to him that in order to discuss some problems, it would be necessary that he remain seated and not roam around the room. He was open to the suggestion, agreed, and kept his part of the agreement.

After about ten minutes, we did some role-playing. He quickly lost himself in it and was both emotional and demonstrative. It became obvious, through the role-playing that the Boy felt "not listened to" by adults, at school and at home. In battles with his sister, his mother always took his sister's side, charging the Boy with always picking on her. He always lost by being banished, to the office at school, and to his room at home. At the end of the interview he asked if he could come twice a week, but this was not possible.

Interview #3: (tape-recorded)

He was restless today, but remained in his chair for almost the entire interview because of the need to hold the microphone for the tape recorder. The tape recorder introduced some artificiality into the setting. He was "on stage", knew it, and seemed to delight in it.

I attempted to engage him in a discussion, re: the two girls he had mentioned in last week's interview. He avoided "going anywhere" by stopping the tape and playing it back a number of times.

Counsellor: I was going to ask you about - you know the two girls you were telling me about last week? - the one that you phoned and asked to go to a show, and the one who likes you - the other one - I wondered if anything more had happened.

The Boy: I was going to - I'm going to - I'm going to tell you about that a little later but first I want to tell you about this, O.K?

Counsellor: O.K.

The Boy: Well . . . (hums for about 6 or 7 seconds)

Counsellor: More Truth, Kiss and Dare (a game he'd been telling me about earlier)?

The Boy: Yeh, more Truth, Kiss and dare - laughs nervously) - well, hmmmmm, (hums for about 5 seconds)

Counsellor: Were either of these girls in that game?

The Boy: Yeh - yeh - oh, no - well, M. was for awhile - the one that I phoned (pause) - and I think she doesn't like me.

After 25 minutes of conversation aimed at skirting the issues, on the part of the Boy, I asked what turned out to be a leading question.

Counsellor: How do you feel about adults, in general? What are your feelings about adults?

The Boy: What type of adults?

Counsellor: Do you know several types?

The Boy: Hmm, hm, well don't start using fancy words, you know - just - just ask me.

Counsellor: You use fancy words.

The Boy: I do?

Counsellor: Uh-huh.

The Boy: When?

Counsellor: Lots of times.

The Boy: When is lots of times? (annoyed)

Counsellor: Lots of times when we're talking.

The Boy: Like what type of words?

Counsellor: You mean if I use fancy words you don't understand what I mean?

The Boy: Well, make - make - make some, you know, name some.

Counsellor: I just used "several types" and you said, "Don't use fancy words."

The Boy: (pause) And you call the word "several" a fancy word?

Counsellor: I thought you did.

The Boy: No, I didn't. I think that that is just an ordinary word in the vocabulary.

Counsellor: Do you think sometimes that you talk to the girls in a way that they don't understand you?

The Boy: Yesssssssssss (drawing out the 's')

Counsellor: Well, maybe they think you use fancy words.

The Boy: No. What do you call that skepso-zo-zo- - phre - zo - maniac? Schepzomaniac, is it? Schizomaniac! No, no, not kleptomaniac - schiz - schiz

Counsellor: Schizophrenic?

The Boy: Schizophrenic! Yah, that's right. Well, I'm kind of like that.

Counsellor: You're kind of like that?

The Boy: Yah, you know, our teacher was talking about it, he says you know it is a serious problem and that you can be institution - institutionalized - and you can go to a head shrin - a psychiatrist.

Counsellor: What makes you think you're like that?

The Boy: Because sometimes I say words backwards - or, something backwards, like, for instances, this: "I miss you as much as if you was here," - or - (loud laugh) "Darling, that's the best dinner I ever put into my whole mouth.

Counsellor: Sometimes you do that.

The Boy: Well, sometimes I also - you know like - the - the last - the first letter in the last word of a sentence, I interchange that with the first letter in the first words of a sentence - do you understand what I mean? - like - well, like this (he gets up to demonstrate on the board) - (laughs) - uh - See the dog run - sometimes I exchange this letter for this letter so that it becomes - uh - this will be R - Ree the dog sun. (laughter).

Counsellor: Do you do that when you are writing or when you are talking or --

The Boy: When I'm talking!

Counsellor: When you're talking (repeat emphasis). Well, I'd like to ask you - the teacher was talking about schizophrenia in a class?

The Boy: That's right.

Counsellor: What class was this?

The Boy: Language Arts (in a sing-song voice).

Counsellor: Schizophrenia in a Language Arts class.

The Boy: Yes.

Counsellor: She was saying things that - did she say - did she say some things that worry you?

The Boy: No - well - she - you know - she didn't know that I was a schizo - zo - phrenia.

Counsellor: Well who says you are?

The Boy: I say.

Counsellor: You say.

The Boy: Well, doesn't it add up, you know - well - aagh!

Counsellor: Have you done any reading on it?

The Boy: Nope (quietly)

Counsellor: But you know?

The Boy: Yup (voice high and tense) - (pause) - I miss you as much as if you were almost here. (laughter). Ree a dog sun? You know.

Counsellor: What does it mean to be institutionalized?

The Boy: To go to an institute.

Counsellor: Have you ever known anyone who was institutionalized?

The Boy: Uh, no. (he is lying down, curled up in a foetal position, holding my hand).

Counsellor: Were you thinking of that in relation to you? (long pause - 10 seconds) (I call his name).

The Boy: (arrogantly) Uh, what was the question - again?

Counsellor: Are you thinking about that in relation to yourself? When she talked about being institutionalized, and you said you're schizophrenic.

The Boy: No, I didn't tell her that, I wouldn't -

Counsellor: I mean when you thought about it to yourself?

The Boy: Yah, I thought you know sometimes I do silly things like that too.

Interview #4:

This session was video-taped, with the boy's agreement and viewed by a practicum class through a special one-way mirror in the adjoining room. The Boy immediately became aware of this and closed the curtains to the viewing room. He displayed a mixture of hostility and humour about the situation, doing some role-playing on camera. He looked forward to playing it back the next week.

Telephone conversation with mother:

Sounds like a concerned mother - worried about boy's hyperactivity. She asked about his short attention span and whether I thought he was bright. I said that I did, but that I had also arranged for a test to be done, and would give her feedback on that. That pleased her.

She said the Boy shows some mean attitudes, i.e. steps on the cat's tail. His report card was poor, and that upset the parents. The Language Arts teacher complained to her that the Boy was not paying attention or concentrating.

Interview #5:

He was able, while watching the video playback, to repeat the conversation, as it was playing, word for word, and with no discernible time lag. A noteworthy feat. He stopped the video a number of times and enjoyed himself in poses which made him look funny. We spent most of the time watching the video. When asked to wrap it up for the day, he said "O.K., darling.

Interview #6:

He talked of his father's reaction to his spending part of the day at the home of a Girl Guide (he's a Scout) explaining some of the finer aspects of photography to her to assist her in obtaining her photography badge. He said his father was concerned that "something would happen", and forbid him to go the next day.

Telephone conversation with mother:

Still concerned that the Boy is being mean to the cat and to his sister. Recently, he charged her with not paying enough attention to him. "Should I have been more strict when he was young?" she asked. She had worked until he was 8 years, at which time the second child was born. The father had been lenient with the Boy because he felt he was deprived, mainly of his mother. The big problem at home is that the Boy won't do as he is told, and has to be told six or seven times.

Telephone conversation with the school counsellor: (who had referred the Boy)

I made the call, mainly to let him know that the Boy seemed to have made an emotional bond with myself and that "things were happening" which were hard at this stage to verbalize. His chief concern for the Boy was centered around the fact that he was a social isolate.

Interview #7:

He was extra fidgety today, and became even moreso as the time wore on. It was difficult to get his cooperation, and when I said I'd like to ask him a number of questions, he responded with "Is this a census?" Efforts to focus on the feeling content of his evasive responses led to more evasiveness and psychomotor activity. I was aware of my increasing annoyance and the need to express it, which I did. He merely revised his strategy.

In a short period of time he: (1) walked on top of several desks, (2) looked in some boxes of materials (not his), (3) opened some filing cabinets and attempted to look through the contents (I stopped him by speaking sharply), (4) ran ahead of me out of the room, (5) snapped the vacuum cap in the hall, and (6) flicked the hall lights on and off.

During this time, and while still in the room, I asked him if people ever regarded him as little child and he said "Yes, as about a 6 or 7 year old." I asked him if he knew why. He nodded but didn't speak. When he stepped on the table, I said "Get down, 6 year old!" At this time, he dashed out of the room (we were about to leave) and did (5) and (6) At this point, I said, very firmly and with a lot of feeling: "You have no business doing any of the things you've done in the last few moments!"

This produced an immediate deep response in the Boy, who stopped, stared at me, and quietened. As we rode downstairs in the elevator I talked about property rights, his demands for privacy and his interfering and imposing on others in a manner he himself would not find acceptable.

After this confrontation, we had a coke together and he was totally different, quiet, more mature, - he talked in a direct fashion. All the fidgetiness was gone.

Interview #8:

He was somewhat subdued today, much less hyperactive than usual. I asked how he had felt, when I became angry the week before. This started a great deal of fidgeting and hyperactivity. He said he knew I had been in a "bad mood." I asked him if he knew why. Then I confronted him with the fact that, although he never breaks the rules, he bends them to the limit, deliberately trying the patience of adults, and he asked "Can you read my mind, or something?"

He then said he liked me because I liked him (ducked behind his chair as he said it). Then, somewhat embarrassed, he said, "Well, it's good to get that off my chest." Then he said he liked me because I didn't think he had a dirty mind. His mom always said "Clean up your dirty mind" and his father is angry at him sometimes because all he thinks about is "dirty stuff." I suggested we center the next discussion around sex so he could ask questions that might be troubling him. He immediately asked if babies came out of the rectum. I said no, the vagina. He was surprised but looked eager to continue the discussion. This appears to be a major area of turbulence for the Boy.

Interview #9:

He was curious about drugs today, asking some questions and sharing with me some information an older acquaintance had shared with him.

He tipped back too far in his chair and tumbled. This was very embarrassing for him, and, in spite of having hurt the back of his head he fought to control his feelings.

The Boy was more relaxed during this session than he had ever been. He put his feet upon a chair, and leaned back, remaining, of his own accord, in his chair for 5 full minutes. (This was a first.)

Although sex had been agreed upon as the topic of the day, he indicated there wasn't much he didn't know, and, after asking a question, stopped me by saying he knew the answer.

He made a number of suggestive statements in my direction, i.e. "C'mon, get it off your breast." Later, when we tried together to put the curtain back over the mirror, he moved close enough to touch me, and held the position, rolling his eyes. Shortly after this, (he was sitting on the table, swinging his legs, dangling his hand just above mine) I took his hand, and, although this set off a violent trembling reaction in his intense manner was a focal point for the rest; he was regarded with respect (based on fear?). The children were very aware of him.

I asked for permission to observe the Boy in his classrooms, but the counsellor at school felt the teachers would not like this. Instead, he suggested I observe the Boy during his option, which was a period in which he tutored two elementary school children.

He enjoyed his tutoring, and the opportunity to assume the authoritarian role with two younger children, and "bossed" them, in a fashion he himself would not tolerate. (Not without awareness, for he stopped himself a number of times, and joked with the children).

Two of the three teachers talked to agreed that the Boy was "hard to take." The third was rather surprised that the Boy was a problem - not in his room, he said. He said the Boy just wants to please, is very eager to please, in fact, and that was why he was rejected.

Interview #10: (tape-recorded)

The Boy was as hyperactive and obnoxious as he's been today. Reasons? I attempted to tape the session and also administered several personality test measures. Either of these alone would have been difficult, I believe, and both together seemed to be too much.

He displayed some curiosity about sex. In spite of an excellent use of vocabulary and seemingly wide range of knowledge in the area, many of his "facts" are incorrect or distorted.

He talked about "It" - a friend he's made. He has mentioned him once before, surrounding the conversation with an air of mystery and most definitely guarding his friendship.

hand and arm, he let it remain in my hand for several minutes, until finally he relaxed.

When he left, he made kissing motions and noises, and called goodbye five or six times from the elevator.

Interview: Parents - Teachers:

I made both visits on the same day, the one with the parents took place over lunch in their home, where I had been invited to join them. They both appeared to be in their mid-forties. Both had immigrated to Canada after their marriage. The Boy was born about five years later, his only sibling, a girl, seven years later. The mother had worked until the birth of the second child. Both parents were very concerned about the Boy, but for different reasons. His mother wanted him to do better in school, his father wanted him to develop the strength to resist peer group influence and ignore the children who rejected him. (According to his school counsellor, the Boy is past being rejected, he is ignored by the other children).

The father's face wore an expression of suffering, tension, and worry. He suffered from chronic headaches, a condition which required that he take a number of pain-killing tablets a day. In spite of this, he held a steady job. He appeared to be a proud and independent but, in his own words, "poor" man. During the two hour visit, he talked rapidly and seldom stopped. Once, he commented on how much he was talking.

The mother appeared tense and somewhat "stiff." When she talked, it was to discuss her son. When her husband talked, (which was almost all the time), she remained silent.

In terms of family interaction, it appeared that the father's

During the course of the session, he kept touching the tape recorder, trying to stop it, fidgeting, opening and shutting the door, leaning back in his chair, tapping the table - his whole repertoire. Toward the end of the session, he was particularly trying. He attempted to play with the video controls and did not step until ordered harshly to do so. When leaving, he kept trying to hold the elevator doors open (which caused them to open and close a number of times). A professor on the floor came out and asked him to stop doing that. He left, somewhat subdued and ashamed.

Excerpts from tape material: (same session)

The following excerpt is from the very beginning of the session, a time in which, in spite of his resistance, I begin to tape record and indicate that I am going to administer a test:

The Boy:	Why this room? Somebody will be able to overhear us.
Counsellor:	I've got a couple of tests I want to give you today.
The Boy:	(laughter) They had this room made especially so we could hear ourselves, so to speak. (fidgeting with the tape recorder). What's in here anyway?
Counsellor:	Put that down!
The Boy:	Oh, nothin'.
Counsellor:	Here, I've got a couple of tests I want to give you today.
The Boy:	(Laughter) (He begins to write).
Counsellor:	And today's date please.
The Boy:	Oh, no! (pause - 30 seconds) You're recording! You crack - crack - cracker.

Excerpt #2:

He is reading the instructions to test preparatory to writing the answers.

The Boy: I.D.T. - Indefinite teaching. Indefinite teaching. This is a survey of the various ways people can describe one another. This is not a test. So, and so there are no - and so there are no right or wrong answers - and so there are no right or wrong answers. We are going to ask you to describe some people you know. We are going to ask you to describe some people you know. We are going to ask you to describe some people you know - people you know - people you know - kno - know - know. As you, as you so this - as you so this? (I respond - should be "as you do this") allright - as you do this, please write legibly and express yourself as clearly as possible - you do this please write legibly and express yourself as clearly as possible - do this please write legibly and express yourself as clearly as possible - legibly and express yourself as clearly as possible - write legibly and express yourself as clearly as possible - express yourself as clearly as possible - express yourself as clearly as possible - as clearly as possible - clearly as possible - as possible - possible - possible - possible - possible - possible-possible - possible - possible - possible - possible.

After the test have been administered, we engage in a short counselling session:

Counsellor: I think you've been rewarded for being a bad boy for a long time - otherwise, you'd be a different kind of boy.

The Boy: Huh? (astonishment). You'd better repeat that.

Counsellor: I think you've been rewarded for being a bad boy for a long time.

The Boy: No.

Counsellor: No?

The Boy: No. (loud noise - blew into microphone)

- a few minutes later - (He insists on playing with the microphone)

Counsellor: When I tell you that I don't want this broken why do you do that, why do you keep doing it?

The Boy: It's not broken. (anxious).

Counsellor: I didn't ask if it was broken or not, I said when I tell you I don't want it broken, why do you keep doing that?

The Boy: Aaaaaagh - forgot myself again.

Excerpt #3: (ask about the mystery friend)

Counsellor: Tell me more about "It." When and how often have you seen "It" since the last time you were here, how many times, where, when, what did you do, what did you talk about?

The Boy: (Who had been trying to answer and couldn't because of the length of the question). Do you want me to tell you?

Counsellor: Yes.

The Boy: O.K. The last - I see him about every two nights or every three nights.

Counsellor: Where, at home?

The Boy: Um-hum, at "It's: home.

Counsellor: Does "It" live with "It's" parents?

The Boy: No.

Counsellor: "It" does not live with "It's" parents?

The Boy: No.

Counsellor: Have your parents met "It."

The Boy: Yes.

Counsellor: They have?

The Boy: Yes.

Counsellor: Do they like "It?"

The Boy: (Pause) I don't know. (pause (begins to sing in high falsetto).

Counsellor: So about every two nights - -

The Boy: Three nights - I see him about every two or three nights. And last time I seen him was about last night, no - yah, well I just saw him for a few minutes. And I guess the night before. No! Not the night before. The nights before the night before. That would be Thursday.

Counsellor: Does "It" go to school?

The Boy: Um, no, because "It's" already been to school, and "It's" been to a special school learning how to be a dance instructor.

Counsellor: And so what do you do when you go to "It's" house?

The Boy: Talk, fool around sometimes he plays the tape recorder, sometimes he plays the guitar.

Counsellor: Does he sing?

The Boy: Well, he sings softly, you know, makes up his own songs and sings them softly, you know - "I sit and shake, in a corner by myself." The song's called "The Lampshade."

From this conversation it was obvious that "It" was somewhat older than the Boy, perhaps late teens or early twenties.

Excerpt #4:

Since the Boy was so hyperactive, so restless and seemingly deliberately obnoxious, I pursued the topic of sex, one which, when approached, seemed to cause him considerable agitation. He interrupted to say the following:

The Boy: (Laughter) You know what? I was reading in a book, you know, at the drugstore, called "How to Teach Your Children about Sex Without Making a Complete Fool of Yourself", and it talks about sex education in schools, you know, and it's like a cartoon featured book, you know, and one part you know was a student going up to a teacher and he says "Teacher, I know how the man has the seed and the female has the ovum", oh you know the egg, and she's crouching behind her desk, "and I know that the seed is used to produce babies and it grows in a special place in the woman's belly", and all that, and right now she's under her desk and she says, and the student, you know, is right on top of the desk, and he says, "But how does the seed get to the ovum in the first place, huh, huh, huh?" and she says "Class dismissed!"

And a short while later: (All during this time, he plays with the tape recorder, the microphone, taps the desk top, whistles, hums, laughs anxiously).

Counsellor: Sex is, for an adult, much more fulfilling if it is accompanied by feelings of love and concern for the other person - and this isn't always the case.

The Boy: Uh-hum, such as prostitutions.

Counsellor: For some people it is a mere physical act for which they get money.

The Boy: I just said "Like prostitutes." And prostitution. What - what, like if a man, you know , wanted to go some place to a place of prostitution where could he go? 'Cause they don't have signs in the newspaper, you know, "Our Rates are Reasonable, Cheap." (laughs)

Counsellor: Some hotels have their own special ones.

The Boy: Ooooooh? The Delton?

Counsellor: Possibly.

The Boy; The Hoffton?

Counsellor: Possibly.

The Boy; How nice! Go on. Oh, I suppose you know, when you go in, and you're wanting to find out the suite number, you look under P for Prostitutes, huh?

At the end of the session, he asked again if he could come in twice a week. I realized this might be the wise thing to do, given his increased excitability and the content of the more recent interview.

Interview #11:

He was "quiet" and well-behaved today. He wanted to borrow my tape recorder for a few days. The cubicle we were assigned had in it a chair on wheels. He moved back and forth on the chair a lot, but his usual hyperactivity (fidgetiness, touching everything) was considerably less than it has been.

He looked "integrated" today, more at peace with himself. His clothes even seemed to fit better and he was pleasant to look at and be with. I informed him of the latter - that he looked "sharp" today and he was pleased - responded with a smile.

Interview #12:

The Boy was eager to share his tape recording today. Since the last appointment he had been busy filling it with such items as: (1) part of the Movie "The Ten Commandments", (2) thoughts, feelings and doings, and (3) favourite cuts off records. (see Appendix I).

He was a different boy now that he was responsible for the tape recorder. The microphone was enclosed by the carefully wound cord (something he did not learn by example from me), and he now insisted that it be kept that way. He had taken excellent care of the tape recorder and I indicated he could borrow it again.

His talk today was much more that of a regular teenage boy - he wascarried away in his description of his tape-recording. His voice often has a "put-on" sound to it, whenever he is conscious of the effect he is having on others (which is just about all the time). As time goes by, he speaks more and more naturally, and the "put-on" sound is there less and less.

He made several moves in my direction again - leaned his head close to mine, directed me to listen to some part of the tape about "wanting to kiss you", and appeared, when leaving, to want to stay, and stay very close to me. He waved several times as he went down the hall.

I feel things are really happening for the Boy now. In some way, he is "hooked on" to me - cares deeply about how I feel about him.

Telephone conversation with mother:

We discussed my continuing to see the Boy, even though my semester break was due. She agreed. I gave her the test feedback. Results indicated that the Boy was of at least average intellectual ability, and probably above average, though "unable to use this in situations he finds stressful." The mother was concerned that, although he had indicated an interest in architecture, he hadn't made any efforts to find out about the entrance requirements for University. I agreed to help him write a letter for information about this field.

He no longer comes home at noon and locks himself in his bedroom to cry. His mother feels this is largely due to the influence of his home room teacher. (This is the same teacher who impressed me when I visited the school).

Interview #13:

He was eager to hear if I enjoyed his tape-recording. I assured him I did. He asked about many specific parts. The conversation went back to sex, and he indicated that he did not think little children should discuss, or even know about, sex too casually or easily. He insisted he had been raised the proper way and would raise his children same way, telling them at age 13, if they were bright. However, he added, for years he heard some weird stories about storks and how mommies magically (after a signal from stomach pain) were assigned babies in hospitals.

I told him that he is much easier to talk to now that he is more honest about what he is feeling. He said "How long do I get to see you anyhow?" I replied "That depends on you - how long you want." He returned emphatically "That will be forever!"

He seems to have made a deep and strong attachment. He now makes more frequent eye contact. He seems to be seeking my approval. He will lean his head against mine, often creating the opportunity to do so, let his knee bump mine, reach for my hand. Still asks sometimes "Are you married?" - but less often than he used to.

Interview #14: (tape-recorded)

He brought his report card today; his parents are concerned about his marks and his mother insisted I see the report card. He said he is doing the best he can and doesn't know why his marks are not better. My seeing his report card upset him so much that he placed the large microphone on the table between us so that I could not look at his eyes. He didn't want to discuss it and instead, told me of the following incident at school:

The Boy: Do you know what happened this morning?

Counsellor: What?

The Boy: This girl, you know, called Maryanne, do you know wo - like she kept picking on me in science today you know, she said "Come here, I want to kiss you." But of course you know, I know her dirty tricks, - I came over there and she said "What are you doing. Get out of here!" And she kept kicking me and as soon as the teacher walked out, you know, we had a real fight, you know, and she kicks me in the face, (pause) you know, (pause) right here, that's how I got this. And then, you know, in the afternoon, when I was going to my locker, she comes up "I'm sorry for what I did this morning, you see I was in a bad t - mood this morning - will you please forgive me? (mimics overly sweet voice). So I said "NO."

Counsellor: You didn't think she was really sorry?

The Boy: (makes throat sound - avoids answering - mock crying ending in laughter).

We discussed at length, and he filled in a self-report questionnaire (see Ch. VIII), about how his parents and teachers see him and how this compares to how he sees himself. He admitted for the first time today that he considers himself intelligent.

Finally, after about half the interview time had passed, the Boy brought out his report card:

The Boy: And now . . . this. *Before you look at it*, I must remind you . . . You are a counsellor, and *I am not your son*!

Counsellor: (laughing) I'll remember that . . . Is this the third report card?

The Boy: This is the third report card period.

We discuss the report card, which contains comments such as "Continues to do well (Math)","Satisfactory", (a number of times) - the Boy explains how to read it as I go along, anxious and trying to make it appear not as bad as it obviously appears to him. Just as I finished, he said:

> "This is to certify that ____________ has to repeat the eighth grade, do it over again.

Counsellor: Why are you hiding behind the mike? (pause) (he blows at the microphone). You don't want me to look at you?

The Boy: That's the general idea. (blows again).

Counsellor: Because of your report card?

The Boy: That's the general idea too. (loud bang - as if knocking microphone over or out of place).

Counsellor: I think I can understand why you don't get as good marks as you could.

The Boy: Why?

Counsellor: Because a lot of your energy right now is going into other problems that are far more important for you than schoolwork, problems like growing up.

The Boy: What else? Oh, what problems are there in growing up? (with some derision)

Counsellor: Getting along with other kids, learning to relate to other kids, . . .

The Boy: Go on.

Counsellor: Sex problems take a lot of thought and energy - your mind is active - your imagination is good.

The Boy: That's true because two nights ago I had a real sexy dream. I-I-I-was some type of famous artist, you know. And one day these GREAT, BIG, GIANT women came into the village, you know. I wasn't painting it in colour you know, but I was watching an artist's perception of - you know - sex or something, you know. It wasn't my painting or anything, they were just in black and white, you know ...

Counsellor: Uh-hum.

The Boy: And . . . all these giant women, you know, about ten times the size of men, came into this small village, you know, and this village is just all men. And then all of a sudden this great big wind came up and it blew all their clothes off . . . (laughs) . . . and one was lying on the ground, you know, and this man, you know, completely naked - on it's back - and this man, you know came up to it and this, this friend of his says "You better wait, George, until we find out - find a little more about this, you know." He meant, you know, about what you're supposed to do in sexual contact (embarrassed laughter)

The Boy: (cont'd) "You better wait, George, until you find out some more about this." (more laughter, less embarrassed) . . Mm, the second scene: was, uh these two, this man and woman were mating, you know, and, uh, this other man was coming down the hall, so he very quickly tried to stuff her in a dumbwaiter - you know what a dumbwaiter is? - It's like a small elevator - anyway, he saw her, you know, this naked lady, you know, and he said Hmmmmmm, so he runs on top of the hill, you know, and he gets all these horses to masturbate, (laughter), and he, and then he, like he leads the horses down here and they're all waiting for this lady, you know, they're all waiting. (laughter).

Counsellor: This was in your dream. ..

The Boy: Uh-hum (10 second pause - very quiet, sitting still and watching).

Counsellor: It's quite - it's quite usual for kids at the Junior High School level to have - a lot of energy going in that direction.

The Boy: (blows into microphone) Yah, go on.

Counsellor: Well, one, you do a lot of thinking. It's not always related to schoolwork, but you're always thinking. And you're doing a lot of inside growing.

The Boy: What does that mean? (high squeaky voice) Puberty or something?

Counsellor: I don't mean just physical, though physical changes have been happening too.

The Boy: You mean my "It" is changing.

Counsellor: Um-hum (obviously stalling for time)

The Boy: What, do you know what I mean by "It?"

Counsellor: Um-hum.

The Boy: (very quickly) What?

Counsellor: You're probably referring to your - genitals.

The Boy: I mean my brain. (with scorn and derision)

Counsellor: Your brain! . . . Well, it's probably growing too.

The Boy: If I meant genitals, I would have said genitals!

Counsellor: Then if you meant brain, why didn't you say brain?

The Boy: Well, it's just that "It" called me, called me, you know, and I asked him "Would you sell me some hashish?" and he says "NO" and I says "Why?" and he says, "Because your "IT" isn't fully developed. I said "What do you mean by that?" and he said "Your brain."

He begins to move the microphone again, making sure it is in between our view of one another.

Counsellor: Why don't you want to look at me? Why don't you want me to look at you?

The Boy: Because you're constantly staring at me.

Counsellor: I like to look at you.

The Boy: Why? (indignant) Are you looking for something?

Counsellor: No.

The Boy: Oh - Whew!

Counsellor: One of the ways people make contact is with their eyes. I can tell how you feel sometimes when I look at your eyes; you can tell how I feel. It's part of our way of getting to know each other . . . it's pretty hard to hide what's in your eyes. (Boy just sitting waiting). For instance, your eyes tell me that your very sensitive, easily hurt, but you know how to hide it. Many people hurt you and they don't even know they've hurt you.

The Boy: Go on!

Counsellor: Often, people hurt you and you don't hit them back.

The Boy: Go on.

Counsellor: You want to, but you don't. Sometimes you do, but then you feel bad.

The Boy: It's very true, except for the last part where you said that makes you feel bad.

Counsellor: It doesn't make you feel bad?

The Boy: Nah, it's all true. (15 second pause) (angrily) Who do you play these tapes back to?

Counsellor: Myself.

The Boy: Who else?

Counsellor: Just myself.

The Boy: Are you alone?

Counsellor: When?

The Boy: You go into your bedroom and listen, right?

Counsellor: Um-hum.

The Boy: Well I bet that your kids listen on the door sometimes.

Counsellor: I don't even take these tapes home. I listen in my office. I keep the tape recorder downstairs.

. . . and a few minutes later . . .

Counsellor: Even though you don't like people, I think that you have . . . a lot of love that you'd like to give away, and I think that you'd like to be loved.

The Boy: Go on.

Counsellor: I don't think that unusual, but I think that your feelings about that are very, very strong.

The Boy: (in a semi-mocking voice) Now you've made me cry! (sound of half-laughter, half tears) (immediate control) Go on!

. . . and a few minutes later . . .

Counsellor: Who did you love most when you were a little boy? (pause - no answer) Do you remember anybody who was special to you?

The Boy: Yes.

Counsellor: Who?

The Boy: A girl called Pat - Pat - Patricia - no Pat, Pat.

Counsellor: Was that a friend?

The Boy: Yep, she was called Patricia but they always called her Pat.

Counsellor: What about adults - did you have any adult you loved when you were little? - super-special loved?

The Boy: (11 second pause) No.

Counsellor: What age were you when you started to be really aware of how angry you felt at your parents?

The Boy: (20 second pause) About six.

Counsellor: Did you think other kids felt this way?

The Boy: I had no idea.

Counsellor: Did you ever talk about your feelings about your parents with other kids - like did kids sit around in groups and say "Oh, I hate my parents" and that sort of thing? Did you ever take part in sessions like that?

The Boy: No. (very quiet)

Counsellor: Did you used to think you were the only person who felt like this about your parents?

The Boy: Yes. (very quiet)

Counsellor: Do you still think so?

The Boy: No.

Counsellor: How about your sister - what kind of feelings do you have for her?

The Boy: I don't like her.

Counsellor: Did you when she was a tiny baby?

The Boy: Yes.

Counsellor: What age did she - what age was she when she got so you couldn't like her anymore?

The Boy: About two.

Counsellor: She started interfering with your stuff?

The Boy: Well she's always interfered with my stuff - you know, ever since she could - like when she was in a young grade you know, like first and second years, she would always like to have things on the floor, no matter how high they were or how fragile they were, she'd pull them down on the floor so she could use them - you know, she didn't like to get on a chair to look at them or anything, she wanted to just pull everything on the floor, so for instance if she was left alone upstairs and everyone was downstairs like cleaning house, we came back up, you know, and we'd see magazines, pots and pans, mm, odds and ends on the floor.

Counsellor: And it made you angry?

The Boy: Not me - my mother.

Counsellor: What made you angry?

The Boy: When she started lying.

Counsellor: Lying - a little girl like her?

The Boy: Yes.

Counsellor: What did she say?

The Boy: I'm not quite sure.

Counsellor: Like you'd say to her "Did you do this?" and she'd say "No." That sort of lying?

The Boy: Yes, and also telling mom things you know, like ____ did this and ______ did that" - and everything.

Counsellor: She found that was an effective way of getting at you? Your mom believed her?

The Boy: I - ah - it's an effective way of seeing violence, you might say. Seeing violence.

Counsellor: Your mom would get after you then?

The Boy: Yes.

Counsellor: Shout at you?

The Boy: Yes.

Counsellor: And that hurt?

The Boy: Oh, yes.

Counsellor: Did you used to cry?

The Boy: (high squeaky voice) Yes.

Counsellor: Still do?

The Boy: Rarely.

Counsellor: Did you feel better after you cried?

The Boy: No.

Counsellor: What do you do now instead of crying when you get really upset? - Or maybe you don't do . . .

The Boy: I try to hold it back.

Counsellor: Do you think adults cry?

The Boy: Yes.

Counsellor: Do you believe in love?

The Boy: What is love? . . . do you want me to answer that?

Counsellor: Yes.

The Boy: O.K. Love is a natural part of life, there is nothing unclean, shameful or irregular about it. It's just a natural part of life that everyone goes through - no matter how long it is or how short it is.

Counsellor: Are you talking about love?

The Boy: YES (angrily) and sometimes love can lead - lead to very, very sad things. Such as if they get married and they really, really care for each other and they never had any fights - small fights - they're called spats or something like that - and all of a sudden a wife starts them and the husband can feel very hurt. (pause) I've known that to happen.

Counsellor: Have you?

The Boy: Yes.

Counsellor: Friends?

The Boy: Yes (deep sigh) (18 second pause) Sometimes when - I - one reason people think I'm unusual - to just put it straightforward - is because sometimes when something sad happens, it makes me feel like laughing . . . not because I'm evil or anything, it just seems as if someone's pushing a button - I don't think it's the devil or anything - you know, marked "Laugh." Ha ha ha he he.

Counsellor: That's how it feels to you?

The Boy: Um-hum.

Counsellor: So the laughter isn't the kind of laughter you're experiencing for a good joke or something, it's just . . . .

The Boy: Yah, it's not like mocking anybody, you're not, it's just - sometimes I have to put my hand to my mouth you know and when people look at me I pretend I'm coughing of something.

Counsellor: That kind of laughter can be caused by a great deal of tension. But people misinterpret that and think you are being cruel? Or mocking?

The Boy: Yep. If they've ever seen it.

Counsellor: What kind of an example could you give - does it happen at home or at school or where?

The Boy: Uh - uh - everywhere, I guess - everywhere something sad happens.

Counsellor: Sometimes we laugh so we don't cry, so we don't go screaming into the night.

The Boy: What is "screaming into the night?"

Counsellor: It's just too much - we can't stand anymore. We just feel like shouting and shouting and yelling and screaming and falling apart.

Boy tells about someone he saw do that . . . . (shouting)

OH, CAN WE QUIT THIS?

During this forty-minute discussion, beginning with where energy goes for 13 year olds, he remained hidden or partially hidden by the microphone all the time. He sat absolutely still in his chair, slouched down as if exhausted. His hyperactive behaviour was evident only for the first 10 minutes and last 5 minutes of the session.

At the end of the session he said "You are nice!"

On some days (such as today) my looking at him bothers him. This appears to be a sign that we're on to something emotionally meaningful to the Boy. He has a direct and penetrating stare himself, and admits he cannot look into someone's eyes if he is not quite truthful.

Interview #15:

He was very upset today. First, he was late arriving because he had been unable to leave his house for fear of being "beaten up" by the young man he calls "It." "It" is a tenant - lives upstairs - the person with whom the Boy has been developing a close relationship. The Boy locked "It" out of the house, and "It" said something (which he couldn't hear, but was sure was terrible), while clenching his fist at him. This was hard on the Boy, who was close to tears when he told me about it. "Don't look at me!" he shouted, kicking a chair to emphasize the point.

Then, when he left his house (his mother finally came home) two boys from his school hit him with tennis rackets as he went by on his bike. "It's got to stop! It's been going on since Grade 5", he cried, "there's no justice. Adults don't care."

His mother just wants him to get out and stand on his own two feet, and his father, he feels, doesn't understand. Once, the Boy phoned the principal, impersonating his mother's voice, to lay a complaint.

after he was beaten by some of his schoolmates. He was caught and punished for having done this. "Adults don't care - they just turn away, as if it didn't happen." He was close to tears for 15 to 20 minutes.

We discussed possible solutions, deciding mutually, that Mr. B, the teacher whom the Boy trusts, and feels likes him would be the person to approach. I said I would call him that evening.

There was no hyperactive behaviour today. He came in, sat down, and remained seated for the hour. He was more relaxed when he left. Together we created (he dictated - I wrote) a letter inquiring about the academic interest his mother would like him to pursue.

Telephone conversation with concerned teachers:

Mr. B. does not see the Boy as a problem in his room, but as a sensitive boy, eager to please, and starved for approval. He was incensed to hear of the tormenting he has been subjected to on the way home from school and agreed to talk to the boys and to the principal, urging me to phone the principal as well. I phoned the principal the following morning. He too was supportive of the Boy's position, stating that he would talk to Mr. B., call in the boys and attempt to stop this "terrorizing." He agreed it would be difficult for the Boy, at his age, after years of having been subjected to it, to feel that this scapegoating would ever end.

Phoned the mother of the Boy and told her of the above calls.

Interview #16:

He was thrown back into his hyperactive-mode today because we video-taped the session. He always seems to be "playing" to an imaginary audience and one of our tasks has been to become so absorbed in "real" (for him) discussion that this audience is forgotten. The video-taping made him super-conscious of himself again, and we didn't touch on material of any depth.

He said his father embarrasses him sometimes, in front of his friends, by grabbing him, hugging him and rumpling his hair.

He talked of his Grade 6 birthday party, when everyone refused to come. He just skimmed the surface - appearing calm about what must have been a traumatic experience.

He is finding it harder to leave after the session, tending to hold onto me, and trying to keep me with him. When he finally walks away, he calls goodbye five or six times.

Interview #17:

Today's session was video-taped. It went somewhat better than last week in that the Boy became absorbed in some parts of the discussion to the point where, overcome, he hid his eyes and demanded that I stop looking at him. Issues discussed during the video-tape included:

1. The fact that another boy is giving him a bad time - he showed his video audience his bruise. Tears came to his eyes when he told me about it.
2. His friend "It": the Boy finds this too painful to talk about yet. He said angrily that "It" was a "fruit."
3. He revealed that he is threatened a lot by the strap (mother); at times he has stood up to her; this makes her either laugh scornfully or get very angry.
4. His dislike of people who talk sweetly and don't mean it - his distrust of verbal messages and reliance on non-verbal messages. What happens when he confronts adults with their double messages (They don't like it).

Again after the video was ended, he relaxed and "really talked." This spontaneous material included information re:

1. The party which he had attended and enjoyed (there was "booze" there).
2. The fact that he is talking to (and enjoying) the young woman counsellor at his school.
3. A demand to know why I gave him the Rorschach and TAT - (he is reading Flowers for Algernon). I told him I would give him feedback on all tests next week.

Interview #18: (tape-recorded)

In response to the Boy's request, we discussed the results of various tests he has taken. He remained seated in his chair for the entire interview and I confronted him with possible reasons for his hyperactive behaviour - which is diminishing. He accepted the hypotheses that he is, very, very anxious, defensive, deeply angry, feels disgusted with himself when he does something "bad", bothers (bugs) others because they bother him with incessant demands, and desires to remain hidden, or anonymous. He said if he disagreed, he'd mark them wrong, if he agreed, right. All items, (he glanced at the written comments after we had discussed them) were marked "right."

Counsellor: Basically, you agree with the tests results.

The Boy: Oh, didn't I mark any wrong?

Counsellor: Does that surprise you to think those tests can tell you that about yourself?

The Boy: (pause) Uh, yes, But I think it could tell more.

Counsellor: What more could it tell?

The Boy: That test tells you what kind of personality you have, isn't it?

Counsellor: Um-hum.

The Boy: Well, I think it could - those Rorschach tests - (pause) (and a lot of noise) that those Rorschach tests, and maybe these Thematic Apperception - just a moment, just a - just a minute (14 second pause). Look how I spelt Rorschach. (laugh).

Counsellor: I'm interested that you are asking me about the tests. How come you asked me about them - because you saw them in that book?

The Boy: That's what I mean - what was that word? I thought it was the T N T (laugh) - dynamite.

Counsellor: You see, the value of this is that, say . . .

The Boy: (Interrupts - with a long discussion designed to carry us both off the topic)

Counsellor: I interrupt him in his discourse). The reason it's helpful is - say . . . .

The Boy: Oh, just a minute. I think it could be, I think it could tell you ah, like what type of environment you've come from . . . she says . . .(here he goes on again at length). (When he ends that discussion he goes on immediately to ask). Anyways, do you know a guy named Mr. S.? (He carries on with this topic for a full minute, at which point I interrupt him again).

Counsellor: Anyways, imagine if you had this problem . . .

The Boy: . . . home cooking.

Counsellor: Imagine if you had this problem - O.K. let's say the first time I saw you, you didn't sit still for two minutes - in all the time we talked, you know, so I thought to myself, "Gee, you know, he's really anxious He can't sit down. He gets so much tension in his system he can't sit down. I wonder how come . . ."

The Boy: Oh (drawn out, some protest) Because for one thing, you're always looking at me, and for another thing (laugh) you're purty. (drawled.)

Counsellor: So anyway, imagine, if you have a problem that you can't talk about, you couldn't come and sit down and say, "Well here's my problem. I'm very, very anxious, I'm so anxious I can't even speak about it." So, so I can't be of any help to you, unless I can find some way to - uh - to support my thought that maybe you are anxious, and then if you are, then I go about helping you in whatever way . . .

The Boy: So you go gallivanting with all these tests, eh?

Counsellor: Well, mostly I just believe my own senses about you, I believe what I see.

The Boy: (pause) You may go ahead.

Counsellor: And I - I - then I noticed, or began to notice that when we were talking about anything that discusses emotions, you really started moving around the room alot, here and there and everywhere, and on top of the table, and I knew . . .

The Boy: And that's why you put on the slip one time "Small cubicle with no distractions." (laughter).

Counsellor: Right. (laugh). But I knew, as soon as we got near topics that were of very great importance to you, as soon as we started to talk about something that aroused a lot of emotion in you . . .

The Boy: Click!

Counsellor: All of a sudden, you're roaming-all over, pulling your socks up (which he was doing right at that moment).

The Boy: Oh-oh. (laugh)

. . . a few minutes later I ask him if he has been talking to the school counsellor.

Counsellor: Have you been talking to Mrs. D. some more?

The Boy: Ummmm - do you mind it - uh - in double seeing, or whatever you call it?

Counsellor: Do I what?

The Boy: Do you mind it?

Counsellor: That you're seeing her? Not at all.

The Boy: I had the - uh idea that, well, there's two counsellors at school, and uh, I had the idea that if I saw both of those, that, you know, they were gonna get mad, cause eventually they would kinda find out, and then, they, they could get mad, or something, I don't know (voice trails off) I don't know. They'd probably get - you know, they'd probably get (sigh) . . . (changed the topic immediately by asking an unrelated questions).

. . . after a few minutes of discussion on this unrelated tension-relieving subject, I re-introduce the painful subject related to divided loyalties.

Counsellor: To go back to Mrs. D., I'm just happy for you when you find people you enjoy talking to.

The Boy: (high squeaky sound) Oh, you know what? (and on to another topic).

Interview #19:

He opened right up today and discussed three issues of deep importance to him: (1) The fear that his father is "not right." (2) His mother's anger at his poor school performance, and (3) Fear of physical injury from excessive masturbation.

He feels he has learned to adjust to his father's mood swings, but was very unhappy when talking about his mother. The third issue was quickly put to rest by my assurances for his continued well-being.

He brought the tape recorder and second tape back today - filled again with cuts from his favourite reocrds. He is very fond of music and it seems to be calming for him. He knows all the words by heart.

He comments lately on how short the hour is, and on how there is not enough time when we are together.

He was much less hyperactive, and trying to control himself more now that he observes what he does when he experiences strong emotion.

Interview #20: (tape-recorded)

The Boy plunked down in his chair today and chatted as easily as any other 13 year old. He was not defensive or "phony" - and remained seated throughout the session, except for a few blackboard explanations which required that he lean back in his chair to write.

He brought with him a paper he had written for a school assignment - comparing mental retardation to mental illness. It was an excellent paper, the research in it as discerning as some university undergraduate level papers, in my opinion. The teacher had given him an A - "my highest mark this year."

Counsellor: I bet your mother was pleased with that.

The Boy: Who?

Counsellor: Your Mom.

The Boy: Well, she didn't say the type of comments you said.

We discuss his tape recording:

Counsellor: I played your tape - I played your tape at home.

The Boy: All of it?

Counsellor: Uh-hum.

The Boy: You mean you heard both sides? Completely?

Counsellor: Um-hum. . . You know when I listened to it? Last Saturday . . . I was sick on Saturday, I just slept all day, and then I got up Saturday night when everybody was going to bed, that was about the time I started to come alive, and so I stayed up most of the night just quietly by myself, and played it, and I listened to it, and I thought about you.

The Boy: Thought about what?

Counsellor: About you.

The Boy: I mean -played what?

Counsellor: Played your tape.

The Boy: Oh, which parts?

Counsellor: I played it through on both sides.

The Boy: Oh . . . Uh-huh.

Counsellor: I often think about you.

The Boy: (after 5 or 6 second pause) I often think about you. (stated in a simple straightforward manner) (10 second pause) If the light, you know, it's making, you know I can't blink like that, I can't see you in proper focus. . . it's the same in any . . . (can't decipher tape) . . . oh well, no matter, I've seen you lots of times before. I can still see you in detail - you know, you really do hide your age. You look about 30.

At one point, he explained at great length what "distortion" in a stereo is, and then corrected himself, followed by the realization that he had been monopolizing the conversation and an attempt at recovery.

The Boy: . . . but what I'm getting is not distortion, I mean I said the wrong word, just an error in semantics - it's interference, that's what I'm getting . . . now your turn to make a speech. (apologetic laughter).

Counsellor: My turn to make a speech (he is still laughing). You look *so* nice today - you look like you *feel* good.

The Boy: (8 second pause) Uh, it's just that, you know like every noon hour I go to the store, you know and I have to get some bruised fruit, today I was, you know like a week old, or something like that. I don't particularly care for it. But anyway, you know, so I came home with a big box today, worth, you know, only 25 cents. I could have gotten coconuts, but who wants coconuts. You know we have to get a drill *that* thick - a bit that thick, uh, to drill through it, and uh, the drill bit really heats up, you know, and like it could break. So who wants to go to all that trouble with some lousy (unintelligible I don't like it, (unintelligible) do you? (I mutter a reply and he goes on). You know, I always imagined it to - to be milky with sugar in, you know, and then when I, you know, like I see it on T.V., mmmmmm, you know, and then so finally I saved some money and I bought myself a coconut, you know, so my dad drilled it and I went (slurping sound) (followed by a cough of disgust). Oh, it really gave me a sour taste in my mouth! . . . The only part of it I like is that white stuff,like there's uh, rock, or shell, and then there's the white, what they use to make coconut, if it's washed off, you know, it doesn't have any coconut, that brown stuff, or shell stuff mixed with it, you know, then it's O.K.

(Realizing that was a painful confrontation, I change the subject to save him from drowning in the flood of his own words.)

We discuss plans for the summer holidays:

Counsellor: What do you - what do you do in summer - do you go away to Scout camp or something.

The Boy: Anyways, I wanted to go ca - camp this year, like, well I didn't really want to, I just wanted to get away so I wouldn't have to cut the grass (laughs somewhat embarrassedly) you know, but uh, my last report card was so lousy that it was cancelled.

Counsellor: Your summer camp?

. . . a few minutes later

The Boy: You know what, my dad has this bad, well, you know he has this way of making me sit at the dinner table. He wants me - the chair - put right back like that - he wants me sitting absolutely straight, as straight as - as straight as the wall, you know, at a 95 degree angle, you know, and he's also going like this (demonstrates something) and I can't stand to sit like that! 'cause it's such a strain on your back, so you know, I sit like this, you know (demonstrates) and he says "______ straighten your back!" you know, and I would rather sit like this you know . . . What a silly way, you know, you have to sit over half here, you know, on the tip, you know and here I see him sitting up here with a (slouch) and he says "Don't you look at me!" and I say, "You're supposed to set the example, you know," and he (demonstrates someone smoking and breathing hard) you know, steam starts coming out of his ears.

He describes another interaction with his father, this one concerning the stereo.

The Boy: . . . anyways, you know, he started playing this, you know, so he turned that off, you know and then he says, you know, "____, shouldn't that be turned to Off" you know "because the machine is running", and I said, "No, this is the main circuit", you know, "when that's off, everything's off - it doesn't matter if that's on or off, nothing's turned on, you know, the power's off" and he said "Don't be stupid!" you know, and I'm trying to tell him I says "This is the truth!" and he didn't believe me, he thinks I'm trying to make a fool of him or something, and- and I said "Nooooo, you've gotta have that - it doesn't matter if that is off or on as long as that - this - this is the main switch." You know and he just (sound of disgust) "Oh, O.K. I believe you. It seems I can't tell anything to you." You know . . yah he thinks I'm trying to fool him or something. He thinks you have to have that shut off or everything else shut off - it doesn't matter about this.

Counsellor: He's quite sensitive that way?

(He doesn't respond to that - obviously upset recalling the incident, he goes on about the workings of a stereo, and then the tape ends abruptly.)

Interview #21:

He discussed the fact that the girls don't like some of the things he does (I knew this from the counsellor who had referred him), but the Boy raised the issue himself. He said this meant he would have to control himself in these areas. I asked him what was more important to him - doing some of these fidgety things (waving his hands in the beam of light from the projector) or having the girls like him, and he said "having the girls like him."

We discussed dentists today - the topic arose spontaneously. He is, and always has been, very must afraid of the dentist. The dentist makes matters worse by comparing him unfavourably with his younger sister. His fears of the dentist are extreme. More dicussion needed in this area.

He also discussed his "touchy stomach", mentioning that he is easily upset, for reasons he doesn't understand. (He attributes it to his mother's cooking). When his stomach bothers him he is not so much nauseated as in pain. His belt feels tight, and his abdomen distended and tender.

Toward the end of the session he moved near me and began stroking my hair, said sometimes he felt like kissing me and wondered if I could imagine kissing someone like him. I said yes. He then hugged me tightly and left.

Interview #22:

He missed last week's session, as it was the first day of his paper route job. Today, he relaxed into conversation immediately telling me of an accident in which his sister hurt herself. Although this accident took place outdoors, and the Boy was indoors at the time he was blamed for it by his parents, he said, who were distraught. He talked this off his chest and moved on to complaints about his parents favouring his sister.

The issues were picked up, talked through, and let go, at least for the time being.

He wanted to sit close again today, expressing more easily his need for physical warmth and closeness. When he satisfies this need during the counselling session, he finds it easier to say goodbye. Until recently, he has run back several times and called from the elevator several more times after each goodbye.

Today, he was natural and spontaneous for the entire session. A delight to be with.

Interview #23:

Today was a "beef" session - talked almost non-stop, complaining about:

a. The family album, which might as well be "The Girl's Album."

b. His parents preference for the Girl.

c. His mother's not telling him the truth about how his cat was disposed of.

Once again, the talking alone seemed to unburden him, for it was not accompanied by acting out behaviour except for one incident, which was brief. After a mild reprimand, the Boy responded by leaping at me and cutting, with a tiny pair of kindergarten scissors, a bit of my hair. He was immediately contrite, and, while he didn't apologize, circled around and around one topic, all the while watching for what was to come. I focused on the issue as soon as he paused for breath, and when confronted with the knowledge that I was disappointed in him, he flew toward me once more, apologizing and adding, "but it was just a tiny bit!" The issue was resolved in about 5 minutes.

No excessive needs for close physical contact today - he remained in his chair. When he left, he said "Your smile - it just radiates - I bet it could be exchanged for solar heat."

Interview #24:

He was white-faced today - I was 20 minutes late because of an unavoidable delay, and he said he thought I forgot about our appointment. The colour came back to his face as he relaxed.

He had his mother's scissors with him today - and asked again to have his hair trimmed. I agreed when he assured me he had his parents' permission. One of his paper route customers, apparently thought he was a girl.

Interview #25:

Today we joined two of my colleagues in an informal lunch hour. He was initially polite, although he didn't often take part in the conversation except to draw my attention toward him. After about a half hour, it became obvious the Boy wanted to leave, and he began to do such things as: blow out a match so I couldn't light a cigarette, grab and break a cigarette (he really didn't intend to, and immediately felt sorry), take my hand and tug on it,etc. When we left the coffee lounge, he put his arm through mine (something he has not done in public formerly) as if to establish ownership.

Telephone conversation with mother:

Passed on to the mother the school counsellor's recent comments on the Boy - he is "now talkable to", and she was pleased, adding that a customer on the Boy's flyer route commented recently on what a fine boy he was. General feeling - a more positive attitude toward the Boy. I indicated it was important not to end counselling sessions at present stage. She seemed responsive to my suggestions.

Interview #26:

He announced today he would be going on holidays for 3 weeks. He does not, he said, look forward to fighting in the car with the Girl for that length of time.

It was not an intense session - I was somewhat tired and irritable and he picked this up immediately and responded by being careful not to annoy me.

We discussed property rights - his lack of feeling about taking apples from an apple tree and the fact that he locks his own property in his room to safeguard it from his sister.

Interview #27

The Boy and his family returned home Thursday and he phoned immediately, wanting an appointment the next day. I insisted on Monday, and he reluctantly agreed. He came in carrying a brown paper bag full of travel folders, brochures, maps, etc. and shared them eagerly, talking non-stop for the entire session.

Claims that the holiday was O.K. were gradually interspersed with statements such as: "My dad drove like a maniac - he scared me; my mum was crabby all the time."

He had mixed emotions about the trip - having enjoyed all the places he visited, but finding family interaction painful as usual. He was terrified of his father's driving at times, of heights (high bridge, tram ride up mountain), of spiders in a shower. He talked at length of this. The family had stopped in a motel to "wash up", and, when it came turn for his shower, he saw a spider. He ran screaming out of the shower, and his mother got rid of the spider. However, the Boy imagined there would be more spiders, and that, when he shut his eyes under the spray, they would come out. Finally, his father, fed up with his fear and reluctance to return to the shower, dragged the boy in and forced him to remain under the shower spray, banging his head against the side of the shower cabinet in an effort to, as the Boy felt, overpower and even terrify him.

He stayed with friends in a large city, alone, his family having gone home ahead, and, when travelling about the city on the bus, felt frightened and alone, and was certain that everyone in that city knew who he was and stared at him.

In general, he was quieter, taller, more "self-contained" - he seemed to have grown a number of ways in the three weeks.

Interview #28:

The Boy was anxious about the first day of school, (he is to go into Grade 9) fearing that he didn't have the proper paper, etc. I reassured him and tried to get at the underlying fears - new room, teacher, etc.

The boys at the paper shack tease him and call him a fairy. The two girls he talks about seem to be amusing themselves with him again - they invited him over and teased him, verbally, about "having sex."

He finds delivering papers a heavy load - literally. His chest and shoulders ache and hurt when he soaps himself in the shower.

He wants me to cut his hair again - wanted to comb my hair today and was gentle.

The Boy's father told him that I told him (the father) that the Boy "wears me out" after an hour. He wanted to know if this was true. I said "Remember how you used to act?" He was satisfied and I think pleased that I didn't evade the issue. Good reality testing - even though it was painful, he had to know.

Parents continue to make disparaging remarks about me to the Boy.

Interview #29: (and telephone conversation with mother)

I phoned to set an appointment time. His mother answered the phone. Referred to me as a "dingbat" (to the Boy). He "told" on her. She later phoned and apologized, saying she does that to check the Boy's reaction. Added that he was troublesome on the trip - constantly telling his father how to drive, and he wouldn't shower because he was so afraid of bugs. She asked if he'd told me about this incident, and I said "yes." She said he'd "driven" his father to it. She insisted that he outgrow his fear of bugs, has tried to encourage the Boy to kill small bugs, but he can't do it.

The next day the Boy was in high spirits; He talked about school and teachers almost exclusively, beefing on and on and punctuating his comments with mild swear words (always checking to see my reaction). He is eager to have his hair cut again, insisting he can trust no one else. We agreed to meet two days later for this purpose.

I notice he always clings to my arm now when we walk down the hall, to or from the appointment cubicle. He mentioned that he's grown 2 and a half inches and gained 7 lbs. this year. I had to check him about touching equipment in the room we were in today, and did so by reminding him how he'd feel if it was his record player. He didn't like that, but listened. Still keeping criticism to a minimum, but he asks for more feedback now re: his behaviour.

Interview #30:

He said he had been fighting with his mother for two days - she was expecting visitors from out of town and was busy preparing (baking etc). We discussed "hot tempers" when a person (i.e. a mother) is under stress, and the possibility of the Boy's behaviour during the visit being a "negative reflection" on the home. The issues were not new to him. There is a lot of hostility to come out yet - but he is expressing more each session, and in a way that eases the tension overload for him.

School is being discussed. He talks a mile a minute when he is excited about something, but still appears to (and does) fail to understand some of the simplest things said to him. (For example, if someone else speaks to him in the hall, with as simple a question as "How are things going for you?, or "How is school going?", he turns and looks at me and says, "What did they say?"). School situation sounds much the same as last year. The Boy does not endear himself to adults, in particular teachers, when he points out game playing.

He is an excellent mimic - catches the "feeling tone" of conversations and can "re-play" them spontaneously. His paper route is now more organized and he committed himself to a regular weekly appointment.

Interview #31:

He brought his creative writing book from last year (see excerpts in Appendix I). Said his friend "It" (whom he now refers to by name) has invited him to attend a meditation course which will cost twenty-five dollars. He asked me if I thought it was worth it. I said "To me or to you?" He knew he would have to answer that question for himself.

Said his parents are very angry with him these days. He swears often, quite often now - but still mildly and inoffensively - and never at home.

He confessed to picking up a magazine (from a mailbox on his paper route) that was not his. We discussed this issue for some time. He displayed a lot of guilt and was anxious while talking about it.

He complained loudly about having to shower in the nude after gym class at school. Very sensitive about this. He thought the teacher "stared" at him. "You'd think he didn't have one of his own!"

He mentioned he finds some boys as attractive as girls, and wondered if that made him a "fag." Said he'd never dared tell that to anyone, and that it had been bothering him since he was 5 years old, that it wasn't just a recent happening.

When telling me about the magazine incident, he added rather defensively, "Well, you told me to tell you everything!"

We had a coke together in the cafeteria. He still feels as if people are staring at him, but at least voices this fear more often than he used to. Even in the cafeteria, he thinks people are trying to hear what we are talking about. He notes that he may think that because "over-listening" is one of his favourite hobbies, but adds that with a weak laugh which doesn't ring true.

He has been put in charge of audio visual equipment at school, and was proud of the recognition of his skills in this area.

Interview #32:

The Boy was pretty upset today - he said his mother wanted me to call so she could tell me all about him in an incident involving his sister. He shouted, "Why are you staring at me?" in his old way, and when I said "I'm thinking what it would be like to live your life - pretty painful," tears flooded his eyes. I had taken his hand upon seeing his distress, and he held fast to both my hands, with both of his, for most of the hour. He said, "My parents think I've forgotten how they treated me when I was young, but I haven't."

There's still a lot of hostility to come out. He vented considerable, and went on to talk about his favourite subject - his music, records etc. He mentioned that he has ordered 24 months of Time and Newsweek (or Life). Rather unusual for a 13 year old. He pays for it with the money he earns delivering papers.

Telephone conversation with his mother:

Although the Boy was standing nearby, for he had arranged the call from his home, his mother went on and on about how he teases and torments his sister, and, just because he is unhappy, tries to stop her from having friends. Obviously a great deal of hostility there for the Boy.

Interview #33:

He was very subdued when he came in and his left cheek and lips were swollen. A grade 8 boy had beaten him up. He hadn't bothered to tell his parents - "What's the use?" He was very bitter, but handling it. This is the most despairing he's ever been. He cried silently a number of times. The tears ran down his face, and he fought for control of himself. He let me take his hand,but didn't respond much at first. For a long while, he was locked in himself. Slowly, he melted. I asked him if he had hit back. "Of course not - you know I don't believe in that!", he said indignantly.

Toward the end of the session, he asked me for honest feedback - "What kind of person am I?" - "And skip the "bright" and "sensitive." He looked away as I told him he came across as high-strung, perceptive, capable of wanting to plot against others. That offended him. "Included in my decision not to fight back," he said, "is the decision not to plot.. You haven't understood." I responded by saying "You are capable of even more than I gave you credit for." He showed his hostility (for this misunderstanding) by tugging at me as we walked down the hall together, switching the lights off. He was very annoyed to think I had witnessed him in such a vulnerable state. I didn't check him. He was as "low" as he's been - maybe moving into depression. When I asked about his home he said "My father still treats me as if I were a masochist."

He showed me that he can: (1) dilate his pupils at will and, (2) make his right hand warmer than his left. The only problem with this is, that when he does it, it stays that way. He doesn't know how to change it back.

I told him I'd phone the principal re: the incident with the boy who had beaten him.

Telephone conversation with school counsellor:

I discussed with the counsellor the incident, and she in turn discussed it with the boy. She said he is smaller by far than the Boy, and that his family has just been through a tragedy. She intends to discuss this with the Boy, as will I.

She hasn't had time to discuss the Boy with the teachers, but hasn't heard him discussed in the staff room at all this year, as is the case when a child is a problem.

She spoke of his intelligence as if it is a fact, and of how two very bright girls like him "probably because he is so intelligent." (I believe these are the two girls he often discusses).

On the basis of recent test results, I suggested the Boy might be accepted by the city's program for gifted youngsters. She inquired about this, and stated that only those with an I.Q. of 140 would be accepted, but that the Boy would be considered if a letter of recommendation from a school counsellor accompanied his application.

Telephone conversation with mother:

I informed the Boy's mother of the attempts to get his name on the list of "bright kids" program. For the first time, she showed positive responses toward my efforts with the Boy.

I talked with the Boy as well, and told him I couldn't keep our next appointment because I'd been confined to rest with viral pneumonia. He said "If this is the end, I want you to know that you have given me some encouragement." And, somewhat more lightly "what will I say when you've passed away - that I've been locked in a closet and someone has thrown away the key."

We discussed the boy who had beaten him up. I told him he was having his own problems right now and tried to arouse his compassion.

I said that I did not arrange to have the other boy called into the office, considering the circumstances (the school counsellor had said there has recently been a tragedy in his family). The Boy seemed to accept this.

He said he'd phone to see how I was coming along.

Interview #34:

This was our first appointment in 3 weeks, due to my illness, and it was full of surprises. The Boy was more provoking than usual, tugging at my hair, squeezing my wrist hard once (I squeezed his fingers immediately and he stopped), adding cream to my coffee, etc.

The opening topic (but a front, I was sure) was how he was going to find the "start button" so he could complete a science project. Being very annoyed with him, and unable to "feel" what was happening for him at a deeper level, I gave him a few directives: (1) Maybe you're trying to force someone into forcing you, (2) It could be you're immature and prefer external discipline to self-discipline, etc. This really annoyed him,and he told me so, at which time I said "What do you want - sympathy or advice?" He then became very annoying and almost aggressive, at which time I said, "Look, I don't have to take this from you. I have two choices - I can stay here or I can go." Tears came to his eyes immediately and, backtracking and saving the situation, he began to talk about an incident with "It." (Interspersed in the hour till now were several comments about how he hates his mom and would like to kill her. He asked if he would be imprisoned for life, and said it would be worth it).

He talked loudly, expressively, explosively today - emotions flooding out as if they had been under a lot of pressure. When telling me of the incident with "It" he was close to tears several times.

I knew the session was going poorly, for the Boy's sake, but didn't really understand until it was nearly over. Like a very little child, he was, now that I was back, telling me, in his own way, how much he had missed me, and needed me, and how angry he was that I had frightened him by being sick and "gone."

Acting on this hunch, I took his hand, told him how much I had missed him and how much I still cared for him - loved him, actually. More tears, and a great emotional outburst as to how worried he had been, unable to study or concentrate and falling behind at school, how he had had headaches, upset stomach.

This was the turning point - we had made contact again. He calls it getting "locked in" - claims he has great empathy and knows what everyone is feeling. We talked about empathy, caring, love, and he said his life was such that suicide looked pleasant sometimes.

When I looked back over the hour, I realized he had talked almost non-stop. There wasn't a trace of artificiality on his part.

It was a painful session.

Interview #35: (tape-recorded)

Taped this session (six month interval since last taping) - checking mainly to see how the Boy reacts to the taping. It threw him back into his false way of "existing as if for an audience." He controlled the direction of the conversation and seldom, if ever, forgot himself. At the end of the interview, he stated how much he disliked being taped.

In spite of the somewhat artificial manner of presentation, material itself was significant of the depths to which he is currently examining himself.

Early in the interview, he was reminded of his hair.

The Boy: You know what - today you were supposed to cut my hair. Got any scissors?

Counsellor: No I don't. Did you bring any?

The Boy: No.

Counsellor: Next week?

The Boy: No. Now. Doesn't the secretary have any? Oh sure she does, to cut off papers and stuff you know.

Counsellor: Why do you need it cut? It's just getting nice.

The Boy: No, it's getting into my eyes.

Counsellor: Do you just want the bangs cut?

The Boy: I bought myself some "Lemon-up" shampoo.

Counsellor: Your hair looks nice - clean and shiny.

The Boy: It's so hard to manage! I was going to bring you a tangle that I had in my hair, you know, it was a really big thick ball like that of tangles you know - I was going to bring you that today - and also it took my hair about right to here, this area you know - can you see any rips in it?

Counsellor: Oh, I see it looks a little like it - was knotted there.

The Boy: Yah, oh you don't know what I have to go through, combing my hair (demonstration with noise) you know, with all the hairs in my comb.

Counsellor: You look pretty happy today. Are you? (no answer) Are you? Are you?

(At this point he changes the subject to a film he saw on fire-fighting at school that day.) A few minutes later he starts banging and shaking the venetian blinds beside his chair.

Counsellor: Why are you doing that?

The Boy: (keeps doing it) Hah? (I repeat the question) Look at all those scratches on the wall! T-t-tsk.

Counsellor: From other little children doing that.

The Boy: Little children (great derision). I detest that! (one loud bang, then noise ceases and he changes the topic immediately). You know I was at a rummage sale getting my new coat, and this lady, this lady said "Have you got a coat for this little boy? and she said "What little boy, he looks pretty big to me."

Counsellor: How'd that make you feel.

The Boy: Well, she said it so low, you know that I just, you know it was a very weak signal, for my antenna to catch up - to pick up, you know, so you know, like, like when you're talking (whispers something) so you have to take it in you know, and like play it back, you know like - see how it sounds, and you know de-code it and all that - but I'm sure my parents didn't hear that.

Shortly after, he offers the following information:

The Boy: We got our report cards today.

Counsellor: Did you! How was yours? Did you bring it with you?

The Boy: Anyway do you know what was in the science things? Science is a poor thing. That's the only part where I - I didn't get any D's on my report card (pride) (he continues to talk freely and easily about it).

Counsellor: Good.

The Boy: Mostly C's. But you know the only place where I got F's was there - you know, here it is (he goes to the blackboard and outlines the format of the report card) . . achievement, effort, you know . . . and you know what he did, you know what that dirty brat did? He wrote my test results, you know . . .60, 46, 59, you know, like that, and he says "one mark is missing", you know he was writing so funny, like this (demonstration).

Counsellor: What's the top mark you can get - A? (the marking system had changed in recent years).

The Boy: Yah . . . (goes on to explain) and then there's E (excellent) S (satisfactory) and N (needs improving).

Counsellor: So you got mostly C's and only F in Science.

The Boy: Yah.

Counsellor: So you did O.K. in Social this year (that had been a problem previously) (and was to be again this year).

The Boy: Social - I got a . . . C and you know what she put for "comments" - there's a little space for comments - she put "Good work, _____" . . and yet she's always saying in class, "Oh, you never get any work done!" (his voice accelerates in a screech of protest).

Counsellor: What was your best mark?

The Boy: I got a B in something . . . Think! Hold it, hold it, hold it, it's coming . . Oh, it's such a weak signal. I get - I got all S's in Phys.Ed. - I got it in . . I can't remember if I got a C or a B in Social . . I'm pretty sure it's a C . . I got a B in something (really straining to remember).

Counsellor: Did your mom see your report card yet . . what'd she say?

The Boy: Oh, C, oh, S, oh S, oh S, S, S, (mocking her) (screech) She thinks S's are terrible! And she things "Anything lower than a like, a like a, anything lower than a C, like if you got an N or a D or an F - Ooooh! - you know - Doomsday. But you know, if you, if I got all B's, you know, which is pretty good, you kjow, that's 65-79, . . MATH! that's it, Math! You know like last year, (more demonstration on the board, comparing last year's marks to this year's) and this year again, in the first report card, B for achievement and S for effort (this is the teacher who likes the Boy, and sees some of his positive attributes) . . the same thing as last year. . . and then you know, like last year, he put No problem, and then he put, you know, in the second report Continues to do well, and boy, you know, like I, you know . . (he talks about his math teacher for a few seconds, and then suddenly changes the topic discussing one of the two girls he has mentioned at other times over the year). You know what Maryanne said to me today? "________ I'm pregnant . . and you're the one who did it."

In a minute, he admits she was joking and lets the subject drop. Almost immediately, he changes the topic.

The Boy: That "It" is a weird character.

Counsellor: Why?

The Boy: (long pause) He always seems to be . . . in a bad mood, you know, but he never thinks of my rights or anything.

Counsellor: Doesn't he?

The Boy: No. He thinks he can do just anything he wants. (starts to laugh and shriek and point at something).

Counsellor: Give me an example.

The Boy: Well like last night he comes and he (screams) Oh, sorry, you know, and then brings me right over the chair, you know (describes a rough-housing scene) and lets me drop on the floor.

Counsellor: He's doing that because he likes you. (he seems satisfied with that. I go on and probe for more information about "It"). How long has he lived at your house?

The Boy: I have no idea. (changes the topic immediately (he mentions meditation).

Counsellor: What happens when you meditate?

The Boy: It's not good to meditate.

Counsellor: Why?

The Boy: Doesn't give me any improvement - help - (tape fuzzy) and even then I can only meditate for about 6 minutes, when you should be meditating for about 25 or 20.

Counsellor: You're pretty young.

The Boy: They start - they start teaching a 3 year old child to meditate - as long as you're able to think, you see, then you can meditate.

Counsellor: What does it mean to meditate?

The Boy: Well, to just, you know, explore yourself and, like uh, your heart you know, goes down and your breathing - like when I meditate I hardly breathe at all - and uh, it's supposed to be very relaxing. You're not sleeping. And during that process you're supposed to be getting rid, rid of all your nervousness, you know . . and all the rest of that garbage. Baloney. Oh, isn't that baloney! (as he ended the explanation, he became conscious of how serious he had been, and that made him uncomfortable) (long pause)

Counsellor: What sort of things get rid of your anxiety best - like if you're nervous, what does help?

The Boy: Nothing.

Counsellor: Listening to music?

The Boy: Yeh, but then, you know, but if I listen to music and all that I like to have it loud and then . . like that (names record) you know, I'm afraid my mom will say "Aaaaaagh, I can't stand that! Turn it off!" And all that, you know, like you're worried about what will happen when you play the record.

He recounted an incident from the home:

The Boy: You know what happened on S-Sunday? Like I had a heater in my room, like you know one of those block heaters, cause it's pretty cold in my room, and I had about forty firecrackers you know, and I thought, you know, like when you split one open, and, you know, expose the gunpowder, and if you light it, it goes Sssssss, you know? (he thought after it started it just fizzed out).

Counsellor: What was that you had?

The Boy: Firecrackers! You know, about an inch long, inch and a half.

Counsellor: Yes.

The Boy: And you know, right here, you know I thought even this little sparkle would burn it up, you know, so I took a little bit of, a little piece of a splinter of wood, you know, just like that, and I was sitting like this, you know (demonstrating) and the whole pack of firecrackers was here and Ssssssss. All of a sudden Pow, pow, pow (demonstrating) (laughs) . . . I was meditating the moment before and I went pretty deep and all of a sudden (screams) Oh, they quit! Oh, my dad's going to come! And sure enough you know, he came banging on the door, you know, and the smell of gunpowder was all over the place, you know, . . and there was these bits of paper and burn marks all over the place, and I didn't get hurt at all, I didn't get hurt at all but there he was, "_____'s on fire!" you know, . . . we were havin' a hot time.

Counsellor: What'd your dad say?

The Boy: Boy, oh boy! Smoking in your room - you'll never learn! And then I just sorta opened up the window, you know, and all the snow came in sssssss.

Counsellor: Did he punish you?

The Boy: Did you know that - that Lemon-up shampoo actually influences, you know, induces more acne and it hurts the . . . it hurts . . hurts, the acne hurts . . . (says something in a mumbled voice) (makes noise) So you know, he got real mad and - and uh - . . . and he says - oh he was you know, swearing, you know and he says, Oh, shit! you know and he's complaining about this and that, you know, and he says, "Oh, even if I was jumping on Jesus' grave, you know, disrespecting him, and stuff like that you know, "that I wouldn't deserve such a bad thing as you." He says, "Oh, I'm going to kill you! you know, "one of these days, . . . and . .

Counsellor: In other words, he was pretty upset.

The Boy: Yes. He's a very nervous person, you know. Like, you know, well, you know, in the earlier grades, they say, "Don't play with matches - look what can happen! Your house can burn down!" And my dad, you know, got that drilled into his head when he was young, and now he's really scared, even of a candle, even it it's out - even if it's out in the back alley, you know, even this little candle, you know, he thinks, "Oh . . . you'll set the whole block on fire", you know, and all that, even if it's over a hundred feet from any little . . anything you know, it's on a tarmat.

Counsellor: Who do you think you're most like - your mom or your dad?

The Boy: Neither. (loud bang of venetian blinds).

Counsellor: And so you don't believe in heredity.

The Boy: Yah, I believe in heredity. (breezily)

Counsellor: Then you must have some of one or the other in you.

The Boy: Yah, like I have brown eyes like them.

Counsellor: Are they both brown-eyed?

The Boy: (nods) So's my sister. (more banging)

Counsellor: What about behaviour patterns?

The Boy: Well . . my mom gets mad for no reason, you know, but I don't get mad for no reason. Let's go! I can't stand up - being crushed in these walls - they seem to be closing in.

I insist that we carry on for a few more minutes and ask him the following question:

Counsellor: O.K. I want to ask you something. Remember we used to tape record quite a bit?

The Boy: What?

Counsellor: Remember when we used to tape record quite a bit . .

The Boy: Yes.

Counsellor: I used to feel that - that you didn't like it when I was recording.

The Boy: No, and I still don't . . because I get vibrations, you know, it's there and I get vibes . . (noise like fire siren winding up) (changes topic and talks about his recent and favourite record). . . they have a photograph on the front, you know, and it's called, it's called strobe photography . . and it's under a black light, you know, strong black light, you know, so all the clothes you know, or part, of a tree - there's a tree beside, you know - in a quiet spot - and there's this guy going like this you know - strobe photography is when the camera synchronizes with the strobe light - and this guy is going - you know - (he goes on with the description and then says:) And this song, it goes: (he sings)

Finished with my woman
'Cause she couldn't help me with my mind
People think I'm insane
Because I am frowning all the time
All day long I think of things
But nothing seems to satisfy
Think I'll lose my mind if I
Don't find something to satisfy . . .
Can you help me?

I need someone to show me
The things in life that I can't find
(hums, can't remember) . . . must be blind

Make a joke and I will sigh
And you will laugh and I will cry
Happiness I cannot feel
While love to me is so unreal

And so as you hear these words
Stay in you now . . . . (doesn't know the words)
I tell you to enjoy life
I wish I could but it's too late. (from Black Sabbath, Paranoid)

He goes on and on, seeming to have forgotten that I am in the room, singing out loud, but to himself, for the next five minutes, and then offers the final verse to the song:

Has he lost his mind
Can he see or is he blind?
Can he ever walk at all
Or, if he goes, will he fall?

/ He was turned to steel
In the graveyard magnetic field
Will he . . . (at this point he speeds the words up,
making them unintelligible)
Nobody wants him.

Now the time is near
For our master to strike fear
Vengeance from the grave
Kill the people he will save
Um - um Nobody wants him
Um - um They just turn their heads . . .

He stops suddenly, and in a normal speaking voice says: "Well - it's - complicated . . .

After the session, we went down to the cafeteria. The Boy chose the table, a not too isolated one. I've noticed that the more excited (in an unhappy fashion) he is, the further in a corner is our table. Not once today did he comment about others trying to overhear our conversation. Within about 5 minutes after we sat down, he moved his chair close to mine, took my hand in both of his, saying it was "fragile" and held it for a long time, in full view of persons walking by. He did not even stop when a colleague joined us, although he did several annoying things intended to get rid of the visitor and focus my attention fully on him again.

He told me his school counsellor told him he had a crush on me. "What did you say to that?" I asked. "I thought", he said, "that for once she was telling the truth."

He was loathe to leave today,clinging physically to me.

Interview #36: (two week interval, due to my illness)

He talked a blue streak today, avoding what we both knew to be a major issue. His mother had called me two days previously to say that the Boy had been caught taking a poster from a large department store. He knew she had phoned. This had been a terrible shock to his parents, who felt that the Boy's behaviour was a poor reflection on his upbringing. During our telephone conversation, I tried to emphasize the positive aspects to his having been "caught" as a learning experience, and one he would likely not easily forget.

The Boy raised the issue after about 20 minutes of non-stop talking, asking if I knew how security officers know if persons were first offenders or not. He went on with a pantomime showing a cool experienced shoplifter and an anxious novice. The Boy's father had been phoned by someone from the store. I asked the Boy if his father has looked anxious, unhappy and hurt, or angry. Without a seconds' hesitation, he said "hurt" and then took a deep breath. I didn't probe but let him sit with that feeling. Finally he said "it was a poster of a kitten's face - do you know who it was for?" Obviously it was for me. Considerable tension. I said "How much was it?" and he replied, "$1.69." "Is that all you planned to spend on me?" I asked. That broke the tension.

Other topics today included:

1. Mrs. S., his social teacher, whom he claims is driving him crazy, objected to the Boy's mother about his conversations with "It", feeling "It" is influencing the Boy too much and making him question the teacher's word. The Boy was very indignant, and told her he questions everybody, not just her.
2. I asked him why he had written poety at "It's" request and not for me and he said. "Now don't you go and be like Mrs. S. and my mother and everybody else."
3. The Boy said: "If a child breaks a cup, an adult instead of saying "You are stupid; you are making me mad; you make me furious; you make me feel like killing you"; should admit his feelings and say "You, my child, are stupid (and maybe me); I am mad: I am furious; I cannot control my temper."

He is more and more a pleasure to be with. The only time he becomes overwhelming (in his old way) is just before he leaves. We walk down the hall together, to the elevator, and he yanks on my arm, staggers, falls against me - any excuse for close contact. I usually respond by hugging him, and asking him to take it easy. Although he knows I haven't been well, his needs are so great they exceed his sensitivity to me. Which is unusual, because the Boy, in interpersonal relations, is astutely aware. This is, I believe, why he is so disliked by so many adults.

A fellow student stopped by our table in the cafeteria and said, "Guess what I have discovered today!" and the Boy, who thought her rude for interrupting said "Penicillin?" - meaning - "important enough to intrude on a discussion?" One of the many reasons he is disliked, I'm sure - lack of tact.

Interview #37:

He was quite calm today - couldn't feel a lot of erratic energy flowing off of him. He talked with interest of several T.V. programs and, when he stopped, didn't seem to have been talking to hide more important issues, which is often the case.

His parents are concerned about "It's" influence on him, because "It" is an agnostic.I asked the Boy if he knew what that meant and he said "Yes, someone who questions the existence of God." "Do you?" I asked. "I don't question his existence", he said, "but I question his ways."

He brought me his school picture today and some poetry he'd written for "It." There were the following three pieces, all written within a period of five days:

(1) Oh! the aching muscles, how they hurt so after
meditation
The music I hear (is a) part from Side of Black Sabbath
"Paranoid."
The time it takes to get right down and meditate is a
medium amount.
But the time it is while meditating is short
and then the time it is to slowly get out is both the amount of time it takes to get in and the time it is while meditating . . . is both put TOGETHER.

2. T.V.

Oh! the miracles of television, some one could be playing a film far away, shoot the pictures through the story and presto, it's on the screen in a brown wood box with buttons and dials. But yet to watch the television is habit forming, it's hypnotizing, influencing, violent,STOPS homework production !!!! and this - goes this - all takes place in a few SECONDS.

3. To face danger, trouble, or pain in spite of fear, persist
   in the face of opposition,
to keep firm the determination to carry out a purpose -
these abilities belong
   to the person
who accepts a
   CHALLENGE

He became very demonstrative toward the end of the session, hugging me and expressing a desire to kiss me. When he did this, I asked how the two girls (he frequently talks about) were, in an effort to re-direct his focus while his energy was intense. He was distracted by my question and did talk about them.

Telephone conversation with his mother:

His mother said his father is concerned about "It's" influence on the Boy. "In several years", she said, "he'll be beyond our control." She is still concerned about the social approval of the Boy. She too thinks "It" 'questionable' because, although finished with a program at a technical school, he is not satisfied, and presently furthering his education at the university.

Interview #38:

His mother had phoned the previous evening, saying his social teacher had phoned with the complaint that the Boy was two weeks late with an assignment. She was worried about the clash, and felt Mrs. S. put the Boy down. I agreed. Mrs. S. says the Boy is cheeky and arrogant in the way in which he asks questions and that is what she objects to. I reminded his mother how intelligent the Boy is, and how perceptive and honest, and how, in our sessions, I was trying to drain off some of the tensions resulting from his unusual perspicacity, and, at the same time, increase his social tact where necessary.

The Boy didn't want to talk about Mrs. S., but I kept coming back to the issue, finally asking if maybe he secretly liked her and wanted to flunk and stay with her another year. This challenged him. He then talked again about not being able to find his "Go" button and asked for help, in a way that indicated he didn't care if I answered or not. I feel this lethargy is a state of deep relaxation in the centers that previously contributed to his hyperactivity and that it will pass.

Interview #39

Notice on blackboard when I came in:

____________________, where the hell are you?

I was late today, unavoidably detained by an appointment which ran overtime. The Boy had made a pest of himself at the receptionist's desk, annoying both secretaries. I asked him if he failed to pick up this kind of feedback, re: his behaviour. This annoyed him immensely and he charged me with being like "Mrs. S (his social teacher) and all the others!"

He told me his father was in hospital for tests, and his eyes misted with tears when I asked him if he was worried. He said he "half was", but that, with his dad in hospital, he had only one nagging parent at home.

We discussed the posibility of ending the counselling sessions. He said I had told him the previous week the idea of counselling was to teach him to live without me. I did not recollect saying this, and said so. He was hurt and angry to think that continued sessions depended on his desire to come in, trying to force a show on my part.

Telephone conversation with mother:

The tests revealed no serious illness on the part of the father. I shared with her the emotional reaction of the Boy (his eyes misting with tears) regarding his father's hospitalization.

The father has chronic, severe headaches for which he finds no relief, in spite of taking almost 100 headache tablets every two weeks, she said.

Interview #40

He was quiet, almost calm today. Mrs. S. (his social teacher) had initiated a detention in which he would have to remain after school one hour each day this week until his social project was finished. I gave him no emotional support, and he displayed his feelings by making faces. I think, however, he was relieved to be forced into it.

His father had come home from hospital today. The neurologist had found no reason for his headaches. I asked the Boy what he thought the problem was. "My father is paranoid", he said, "very paranoid." For example, when disciplining the Boy, he demands he look at him, and, when the Boy does, tells him, shouts at him to stop looking at him. He (the Boy) said he thought his mother was paranoid too, but with less conviction, returning to this father. I have long suspected living in their home is like living in the barrel of a gun, and asked the Boy if he was, and is, afraid of his father. He said yes, and of his mother. When they talk at him, he simply appears as courteous as he can, nods his head in agreement, and keeps his own counsel. I asked him if he ever worries about heredity, and his own future. He said he certainly does.

He said his sister is very cruel to cats. He said he had not seen "It" for some time.

He was very loving and warm today,pulled his chair over beside mine and laid his head on my shoulder, touched my arm, face, said "I'd like to eat you" - and "I'd like to sleep in your bed with you."

He wasn't rough today, seemed more mature, dignified.

Telephone conversation with his school counsellor, Mrs. D.

There were a lot of complaints about the Boy today:

1. Lately he is telling some of the teachers that they are not smart and don't know what they're talking about; when they want to discuss it, he says "You're all like that!"

2. He is not doing well on tests.
3. The school psychologist vetoed the idea of his going into the the class for bright kids. In class, he is a non-achiever, fails everything.
4. She suspects he may be involved in drugs - I said I didn't think so.
5. She understands "It" has been telling him teachers are rotten - I told her Mrs. S. had phoned the parents and suggested they clamp down on the relationship and not let "It" influence the Boy so, and they had done so.
6. The teachers dislike him again; the students too, - they have been taunting him and beating him up.
7. During the time I was in hospital, he had come in to see his school counsellor several times, told her my symptoms, asked her if she thought I might die, was terribly worried. "You're his only link with reality" she said.

She asked what the teachers could do to be helpful. I suggested they be firm without being punitive, give honest feedback, such as "You annoy me."

The school counsellor, in her aggravation, had told the Boy off several weeks before. He hadn't talked to her since. (This was somewhat similar to the incident with the receptionists at the Clinic. There is a difference, however. Instead of denying it and refusing to think about it, he has taken it to heart, been hurt, and is not repeating that annoying behaviour toward her).

The school counsellor felt, since our counselling relationship is the only "real" relationship the Boy has, it may, of necessity, last several more years. I agreed. She is aware of the home situation, and sympathetic to the Boy.

Telephone Conversation from the father:

The Boy's father phoned me at home this evening. He was very upset, and immediately asked what I was "teaching" the Boy. He is very disrespectful to his parents, he said, and thinks I am "Lord God, dad and mom all wrapped up in one." When he was in hospital, he said, the Boy came to see him only once, of his own free will, and brought him a bag of peanuts, threw it on the bed and said "It's more than you deserve." "I am the boss in my home!" he (the father) shouted, "and the Boy will obey me."

I listened quietly, not entering into the "set" but maintaining a steady and quiet response. It took close to half an hour before he calmed down. I told him I was not "teaching" the Boy anything, that I was working with him in a counselling relationship, and my task was to listen to the Boy and help him deal with his conflicts, which are many. I agreed that, because the Boy is intense, his negative moods can be difficult, but added that they are subjectively difficult for the Boy, too. He had little compassion for the Boy's problems, particularly those experienced in relation to his peer group, and kept re-focusing on the issue of "lack of obedience." He mentioned "It" and the bad influence he is on the Boy.

His anger subsided slowly, and, before he hung up, he expressed his regrets for having bothered me.

Telephone conversation with father: (four days later)

I phoned the father to ask if the Boy could visit with myself and my family over the holiday season. The Boy had been counting on this for some time, and I had agreed to phone his parents. His father said curtly "I'll discuss it with my wife." The Boy phoned an hour and a half later and said "I've been given permission to make the visit." Just at that moment, someone spoke to him, he excused himself for a moment and said "My dad just said I can't go." His voice was very subdued. Overwhelmed for what he must be feeling, I was silent. Then he said, "I've got to get off the phone. Goodbye."

The visit:

At the last minute, his father permitted the Boy to come for the visit. I picked him up at his home. The Boy told me it was his mother who persuaded his father to let him come.

I spent little time alone with the Boy, as unexpected out-of-town visitors dropped in. When I drove him home, he said, "I don't like to hurt your feelings, but I was bored to death."

He said he thought we should meet only a few more times, to satisfy his father, who wanted the counselling to stop.

One week later:

The Boy stopped by my home to tell me he would be unable to keep his first appointment in the new year because his social teacher was continuing the hour a day detention until he completed his social studies assignment.

He phoned that same evening to see how I felt when I saw him at the door. He told me of the conflict he had before deciding to come to my home. "Half of me thought I'd die, if I did; half of me thought I'd die if I didn't; half of me was nervous; half said go. You see, he said, I had 4 halves. Usually I have 3. I wish I was made up of quarters.

The next day:

"It" came to see me today on behalf of the Boy. He says that the Boy's father has said that the counselling must end, but that the Boy intends to sneak out and see me. The Boy finally told "It" he is afraid of his father, and was afraid of admitting that before. He (the Boy) is very subdued and quiet recently. "It" says the home is very tense, and when the father is home, he is after the Boy every five minutes. "It" feels the boy is emulating and imitating him lately.

And the next:

The Boy phoned late in the day. Both parents were out. He phoned to say he would not be excused from his detention and could not keep his appointment the next day. He said this would be his last counselling session, and that, from now on, if he wanted to see me, he would have to sneak out to see me.

At this moment, he interrupted the conversation flow to say that he was watching some T.V. film on the damaged Pieta, and how sick it made him to look at it.

Then he went back to the topic and said his parents didn't want him to see me because I am influencing him, teaching him to disobey his parents, and contradicting what they are teaching him.

His parents often angrily tell him to leave, he said, (and his father told me the same thing on the phone two weeks before this) and go and live with me.

He then went back to the Pieta - "To see that thing smashed - it makes me sick as if it's got some hold on me - I guess because it's so beautiful. How old is it? (in response to my question). Let's see - Beethoven is half as old as Michelangelo, birthday on the same day - figure out how old Beethoven is and double it.

Interview #41: (tape recorded)

As far as we knew, this was to be our last session. In order to tape-record, it was necessary we meet in a building new to the Boy, which I knew would be hard on him. Sure enough, he appeared tense and strained from the effort of finding his way to the office. He wanted to sit in the dark, and turned the light off several times. We touched on a number of issues in the first few minutes of conversation:

1. His favourite teacher: He said he still liked this teacher but, "He's changed since last year, you know, he's gotten a little bit more strict, shall we say."
2. His hair: "My hair's pretty hard to manage - isn't this end sorta of like a little bit different from this side?" I said, "It wants to sort of stick out a bit and that side wants to go in, maybe that's just the way it grows."

He accepted this with a little laugh.

He changed from topic to topic, so I focused on the important issue as quickly as I could:

Counsellor: Is this going to be the last time?

The Boy: Just a minute please! (shuts the tape recorder off). I just had to do that. (8 second pause)

Counsellor: Is this going to be the last time you are allowed to come?

The Boy: I don't know.

Counsellor: It's not sure yet?

The Boy: (barely audible) (makes funny noise, laughs)

Counsellor: Well what are you going to do - are you going to just come down and see what your father does about it, or are you going to ask his permission, or shall I?

The Boy: I think we should start the tests right away. (We talk for a minute of the tests).

Counsellor: Shall I discuss this with your parents?

The Boy: Yes.

Counsellor: I will - I think I will phone your mother.

The Boy: Mm - mm - Quit staring at me.

Counsellor: You know I don't want to make things worse for you - in your home, and I don't want to make it worse for your parents either.

The Boy: Uh-huh - got a new ring?

I ask about his friend "It."

Counsellor: Have you been doing any more meditation with "It?"

The Boy: No, but my mom says that I'm never - my mod and dad said that I'm never to go up there ("It's" room) because they're afraid that I might be, as my dad says, "melitating." He has really bad pronunciation, like "That's stupidity!", you know, instead of saying stupidity he says _______ or something, well something that's completely different from you know I can't even pronounce it, and I wonder you know how come he pronounces it, you know, so many times without saying it the wrong way.

Counsellor: So you're not allowed to see him anymore?

The Boy: Uh-mum (negative). But sometimes you know I ask to go up for a little while. (at this point he changes the topic and begins talking about headphones for a stereo set).

The Boy: (cont'd) (at the end of the discourse, he brings the topic back to "It") . . and I wanted to test them out on "It's" tape recorder, you know, so I kept listening last night you know, "When's he going to be home!"

Counsellor: Did you tell "It" you're not allowed to go up?

The Boy: I said my parents don't like me to come up.

Counsellor: How's your dad these days? A little more relaxed than he was just after he got out of hospital?

The Boy: Well he's always making me feel sick.

Counsellor: What's he doing? . . to make you feel sick?

The Boy: Oh, yelling, saying I'm stupid and everything.

Counsellor: Worse now than before?

The Boy: It seems about the same.

Counsellor: Have you been acting somewhat differently toward him?

The Boy: No, I just don't want to talk to him - I don't want to be around him - and the way he eats - the way he eats at the table - he makes all these unpleasant sounds, you know, like my mom's always saying "Eat your soup", you know, like just quietly and that but he always goes (demonstrates with a long breath sucked in) . . and he makes all these terrible noises at the table, you know (apologetic laugh).

Counsellor: Makes you sick?

The Boy: Yah! I feel like throwing my food into his face - SHUT UP! (laughs uneasily). Well, you know, and my mom's cooking!

Counsellor: Well you know your father was concerned because you didn't respect him. Have you been trying to (he interrupts me with loud laughter, after turning out the light). Turn the light on, ____. (He breathes heavily into the microphone) C'mon. Turn the light on. (He does) Well you know your father was concerned about your . .

The Boy: Yes, I understand your problem . . You know what?

Counsellor: What?

The Boy: I have a feeling that psychiatrists and psychologists feel that they're just garbage cans, you know, like people come along and throw their troubles . . (laughs a long time).

He points to a picture of a bridge on the telephone book.

The Boy: I wonder as to what the distance is between here (bridge) and here (water).

Counsellor: I don't know. (I took note of that) (He changed the subject immediately, and talked for several minutes about styles and colours of "contemporary" telephones).

The Boy: Oh, what can I do to make friends?

Counsellor: Who's after you to make friends?

The Boy: Huh?

Counsellor: Who's after you to make friends, or is this your own request?

The Boy: My own request.

Counsellor: You own request?

The Boy: Oh, my mom's request. She says "Why don't you ask that stupid, ____ ____ (refers to me.) "Ask her how you can make friends, and then you'll get someplace, maybe."

Counsellor: You've got some friends.

The Boy: Who? Well, "It" is a friend, and you're my BEST friend, and then there's ____ down in B.C., I haven't written to him for about a month. He'll be saying, "What kind of a pen pal have I got?" you know.

Counsellor: ______ used to live here?

The Boy: Yah I usually say his nickname, 'cause it's shorter.

Counsellor: Is he very sensitive? Your friend?

The Boy: To what?

Counsellor: To what's important.

The Boy: No, I don't think he's sensitive, or paranoid, if you mean that.

Counsellor: No, no I mean . .

The Boy: . . delusions of being persecuted. Paranoia is when you think everybody is looking at you. But when everybody is looking at you, that's fact. (laughs)

Counsellor: Does you dad still get his bad headaches and take a lot of pills?

The Boy: Oh; yes. . he's gone away from 222's and just takes 292's and aspirins and things like that. And you know what? My mom is always giving my sister pills too. She, my mom, my little sister is always making up stories that she doesn't feel well, you know, and "Oh, well, you better stay home from school. Get to school, Boy." (He tells me how his typing speed has improved). It's a good thing I didn't believe anybody when - when they said it's bad to look at your keys, you know .. you know, that secretary in the other building, I asked her "How come" you know and she said, "Well you won't build up your speed that way." I was starting to worry a little bit. But when I saw my typing chart you know, then I thank myself, you know for not believing all these guys. Everybody used to tease at me "Look how he looks at his fingers" . . . "And looks at the paper." And everything. Yah.

Counsellor: I believe it's best not to look at your fingers.

The Boy: (laughs - shocked and angry)

Counsellor: You don't like that. (he scratches at the tape recorder and blows into the microphone).

Within the next minute he says:

The Boy: What would you say, if I wanted to come and live at your house for good, as part of the family? (pauses, holds breath, and laughs).

Counsellor: You'd like that?

The Boy: (turning out the light) Let's just turn out the light - the dark - that way I don't feel so paranoid.

Counsellor: O.K. (he laughs with relief)

The Boy: Ah, the light from the door (with mock terror) Ahhhhh (scream)

Counsellor: You'd like to live at my house?

The Boy: Um-hum . . cause you're always in a good mood, you know that? Aren't you? (laughs) Well, I admit, you know everyone has their bad days when they feel, you know, that they have to take thier anger out on the kids, or something, you know . . you might say - "Why haven't you cleaned your room? . . I admit that, you know. I can understand that, because everybody has their bad days. Right?

Counsellor: Right.

The Boy: Quit looking at me.

Counsellor: I was looking at your hand - that's all I could see was your fingers, holding my hand.

The Boy: (makes low, snorting noises) Actually it would be better to live at your house because there's so much yelling and stuff going on at our house, you know. Makes life so unboring - even when I have the record player on, as loud as I'd like to have it, in my bedroom, I can still hear uh - you know, my mom and my dad yelling, you know upstairs.

At this point, he disrupts the conversation by reaching over and trying to play with the buttons on the telephone, which has an intercom system. I speak to him twice, sharply, before he stops, and then I direct the conversation back to the topic:

Counsellor: Have your parents been speaking to you about living at my house again?

The Boy: Yah, they're al - they're always saying, you know, "Why don't you go to ______ house", you know, and they're saying "Well, how come you're associating with her so much", you know, "She's an old lady compared to you." "You know, you should be associating with people your own age!" Well, that's true, but uh, people around our school you know, are either drinking, or on drugs, you know, and my parents are always saying, you know "Stay away from them" - so what's a guy to do?

Counsellor: There aren't very many choices for you, are there?

The Boy: No! (laugh). No, I guess there isn't.

He talks of his feelings upon coming into a strange building for today's session.

The Boy: Hey, you know, when I came into the elevator, all those seats (in the waiting room) were taken up by all those men - sitting out there, and I saw those glass doors and I thought that's where you worked, but when I saw the timetable schedule, and I thought, no, you couldn't possibly work there. And everyone was staring at me, you know, and I didn't know what to dooooo! So I just took off and came around here (to my office door) and I thought it would just - you know - I did - I didn't never knew that there was a hallway down here, and I

The Boy: (cont'd) started walking down a hallway, and I look at the numbers and I thought Oooooh, suppose I come into the wrong section of the building - or something, you know. (And less than a minute later) How's my breath smell today?

Counsellor: Good.

The Boy: Aaaaagh (funny noise, pleased) It does not!

I ask about school, particularly Social Studies:

Counsellor: How long are you going to be staying in with Mrs. S. after school? Another week at least?

The Boy: I don't know. She's like - she made up this system of, you know, signing - the paper every time, you know, I've finished. And so she signed it last night, well like on Thursday, you know, so she can see how much work you've done - so the next day I come, you know, with half a page done and she said, you know, in front of everybody you know, "Is that all you've done?" But I don't say anything to her, you know, I just keep a straight face. "Is that all you've done? I want to see at least a whole page done by Monday! At least!" You know, or something like that. So I just walked out, she had this really mad face, you know, her eyebrows, like that (makes funny, angry noise to accompany face) - gritting her teeth, and everything.

Counsellor: This is your old project?

The Boy: Pardon me?

Counsellor: This is your old project . . One that was supposed . . .

The Boy: It's the one that I'm working on now.

Counsellor: Have you got a new project?

The Boy: In what?

Counsellor: In social studies, that you're supposed to be doing during your school hours?

The Boy: Mmmmmm, my essay - due at the end of the month - and so is the report card. And I have Careers, to study for Mrs. S. too.

Counsellor: What's that supposed to be?

The Boy: Well, like I interviewed an architect and I have to write everything about the profession of architecture, it's history, it's importance, everything about it.

Counsellor: Do you feel like doing that?

The Boy: No. And I don't feel like doing (something unintelligible) I just feel like doing my essay, for that's only one thing, you know, and that way she can't mark me right or wrong, you know, for my opinion; she might disagree with it, but . . you know, but, she can mark it for spelling errors or punctuation or something, but what does that matter? It's the opinion that's important, right? (almost immediately after). Do your kids kiss you - do you kiss them, you know, goodbye, you know, before they go to school?

Counsellor: Well, the oldest ones don't do that anymore, the youngest still does. I kiss him.

The Boy: Mmmmmm

Counsellor: Sometimes the next oldest one.

The Boy: Mmmmmmm

Counsellor: Sometimes she doesn't like to do that in front of her friends.

The Boy: No, neither did I.

Counsellor: Do you remember kissing your parents when you were little?

The Boy: Uh-hum (affirmative) Like, you know, my mom thinks that I don't remember things of - you know, when I was young, but actually I do remember quite a lot - like one night she was beating hell out of me, she said "I want girls at the back door, girls at the front door, girls, girls, girls at the side door, girls on the telephone all asking for you.

Counsellor: (Misunderstanding) Did you have a lot of girls around?

The Boy: What?

Counsellor: Did you have a lot of girls around?

The Boy: No nobody. She said, "How come you don't have any friends? Aaaaaagh!

Counsellor: What was she - she was beating you because you didn't have any friends?

The Boy: Um-hum.

Counsellor: How old were you then?

The Boy: I think I was in Gr. 3 at the time, maybe Gr. 2 or so. Did you see the afternoon movie? We watched in school.

Counsellor: No, I didn't see it.

The Boy: Oh. (pause)

Counsellor: Do your mother and father quarrel with each other? When you're not there?

The Boy: When I'm there and when I'm not there.

Counsellor: Does that upset you?

The Boy: Uh-um (affirmative)

Counsellor: Do they become really angry?

The Boy: Uh-hum.

Counsellor: What's it like most of the time - quarrelling or not quarrelling?

The Boy: Quarrelling.

Counsellor: What about the way they treat your sister?

The Boy: Oh - like a king.

Counsellor: So neither one gets very angry at the Girl?

The Boy: Uh-hum (negative) and, you know, all the time she hits me you know, like, Thump! and stuff, you know, and she - oh - her best thing she likes to do to me, you know, is get - dig her fingernails into my skin, you know like Kkkkkkk (noise) like that, you know, and I say Mom, look what she's doing and she says "That's all right; she's just a BABY!"

Counsellor: Hm.

The Boy: "You should be proud that you have a sister!"

Counsellor: How's the girl getting on at school?

The Boy: I don't know.

Counsellor: Has she got friends?

The Boy: You know, like once when I was walking her home you know, like she started saying, to this little girl, you know, who - who was I guess rejected, you know, she says "Ooh, look at that ugly thing over there - Ooh she's so stinky!" And she started holding her nose, and everything, you know. and I said "_____! How would you feel if someone did that to you?" and She says to me "Shut-up!"

Counsellor:	Mmm
The Boy:	And you know, like - um - I imagine that kids, you know, well they try to tease them and they keep it away from older brothers and sisters, you know, or their parents, but her parents are treating her that soft, you know, that spoilt, you know that she doesn't - she doesn't give a hoot who's around!
Counsellor:	How about turning on the light for a minute so I can see what time it is. (several minutes later) You feel more comfortable in the dark?
The Boy:	I like dimness - I don't like the dark, but I like it to be dim - like a candle, you know, it's, it's a - candlelight is softer. But if you look directly at the flame it hurts your eyes a little bit.
Counsellor:	Remember when we first knew each other? You wouldn't have done this then, would you? (sit beside me, in the dark, holding my hand).
The Boy:	What?
Counsellor:	You wouldn't have done this then, would you?
The Boy:	No - I don't know - because I'd be too busy jumping on the table. (He laughs, we both laugh).

He talks about some of his fears:

The Boy:	I used to be really scared (when it thundered) and I'd shout "Run for your lives! Close all the windows and lock 'em."
Counsellor:	Does anything scare you now, like anything . . .
The Boy:	Hideous faces. Just sort of, you know, peek around the corner Uhhhh! Like that!
Counsellor:	Sometimes when it's dark at night, if you're alone in the house, do you get nervous?
The Boy:	A little bit, you know, because you hear sounds, you know, creaks and stuff. Anyone will feel scared, you know, if they're in a building or a house, you know, and it's night and they're alone.
Counsellor:	I agree.
The Boy:	Yeeeeees (laughs warmly)

He is being very clinging and loving and I ask him:

Counsellor: What kind of girl are you going to marry?

The Boy: I'm not - I don't think I would marry - unless some girl comes on a vine and is absolutely perfect, and picks me up. Like in that book The Lonely Ones, you know how that girl comes swinging on a vine - "Some day my true love will come" - mmm, it's a nice little book, isn't it?

Counsellor: Mm-mmm. What's your idea of absolutely perfect?

The Boy: . . Calm . . Mmmmm, you got makeup on! . . . uh - No runs in the stockings (laughs) . . . that's a joke - um, Calm, and uh, . . patient . . I think I cut myself there you know, my little finger, or something, about right there.

Counsellor: Paper cut or something?

The Boy: I don't know - maybe it's a scratch. I just feel like it's been cut or something . . Um . . loving - not cold, an icebox . . YOU! (laughs)

The Boy: Can you read my thoughts?

Counsellor: Uh-hum (responded in the affirmative)

The Boy: What are they saying?

Counsellor: They're saying that - your thoughts are saying that you wish that you were older, or I was younger, so that we could be together and live happily forever. (he laughs delightedly)

The Boy: And . . AND . . Yes?

Counsellor: And - what about - you want me to tell you what your feelings are, as well as your thoughts?

The Boy: Uh-hum - like I'm trying to transmit them to you.

Counsellor: Yes, I'm aware of that . . well, I would say that some of your feelings are probably sexual in nature.

The Boy: Close enough.

Counsellor: And you just feel . . .

The Boy: (laughs) Yes?

Counsellor: You feel very warm and loving and you like to be close.

The Boy: Yes.

Counsellor:	And sort of thinking you'd you'd like to kiss me . . .
The Boy:	RIGHT ON! (laughs) You got it! I wasn't thinking about anything else.
Counsellor:	No, I know. But that good feeling you have all over when you feel like that . . . you know that good feeling you have?
The Boy:	Yes, dear . . . (as if acting in a movie) (Then, more naturally) That's what "It" sometimes says to me - "Yes, dear." And I say, "Why, why do you say something like that?" and he says "Why not?"
Counsellor:	That's true - why not? We're not used to having one male say that to another in our society, are we?
The Boy:	No - probably think we're a fruit if we do that. (laughs)
Counsellor:	What if I said Yes, dear to you, that would be strange, wouldn't it?
The Boy:	No - not to me it wouldn't. (funny noises with his mouth as if chewing). Does a lady have to wear a sanitary napkin even at night-time?

The Boy was particularly vulnerable today, and, because of his reaction to the new building, I decided to test him, if his parents give permission for the necessary testing time, in the building he is familiar with.

In view of the fact that, as far as we knew, this was to be the last counselling session, I asked probing questions to ascertain his emotional state.

After we had finished taping for the day, he confessed to his fears of walking the streets, alone, cold and hungry, after his parents turned him out. Apparently his parents threatened him with this image, and he had taken it very much to heart. I repeated again that I did not believe his parents would turn him out on the street to starve, but also took this opportunity to tell him that there was social assistance for persons in this dilemma.

He shared an unusual dream he had had. He was living in a city, which began to crumble. The buildings fell silently. There was a light, which, though bright, was not blinding. It was associated with Christ, who was 20 feet tall and who stood, beckoning people to move with him toward the open spaces of the country. He was surrounded by many small angels. There was no sound in the dream.

He asked what I thought would happen to his possessions if he committed suicide and, barely waiting for an answer, went on to say that probably his dad would sell them to make some money, a return on the financial investment in the Boy, or, worse still, throw them in the garbage. He said it would really bother him, if he committed suicide, to think that this was what was happening to his records and posters. When I indicated this would be very upsetting for his parents, he didn't want to listen.

Telephone conversation with his mother:

The Boy's mother phoned to ask if I could come down today to talk with the Boy's father. He is furious - thinks I am trying to take the Boy away from him.

This last week the Boy has threatened to go "to the Government" and live in a home where there are "real" parents. This greatly angered the father.

She talked about lagging social studies assignments. The Boy's teacher, Mrs. S. had phoned and said that if he didn't get his assignments done, he would fail social studies. His mother interpreted this as failing the entire Grade 9 year.

She talked again about what a bad influence "It" is. I said that I thought they had stopped the Boy from seeing him. "Well, I don't know", she said.

I told her that the Boy had expressed suicidal thoughts during our last counselling session, and that I didn't think that the counselling should be interrupted or end now, and that it had been my intention to phone her and discuss this. I said he was a lonely and frightened little boy who was afraid of wandering the streets, alone, cold and hungry. I told her that, when I heard of his fears, I set his mind at rest, and that this would not be allowed to happen in our society. His mother said she was surprised he had taken them seriously when they said they'd put him out.

I told the mother that I find her husband difficult to talk to, even impossible, and reminded her of our lengthy conversation in their home, in which he did all the talking. She said "I know" and added that she spends quite a bit of time with the Girl, to keep her normal. She said she couldn't take another one like the Boy and his father.

She said the father is sensitive and feels hurt that at work he has to obey people of lesser intelligence and capability than himself, and that he comes home for comfort, adding that he certainly does not get it from the Boy. I said the Boy comes home for comfort too, misunderstood as he is by his teachers, and ignored by his peers. She said the Boy doesn't treat kids nicely and they don't like him. She said he finds his few friends among adults.

She said maybe the Boy didn't get enough love when he was little. They put him in a Day Care Nursery at 3 months and he stayed there until he began school. His mother stopped work and stayed home when the Girl was born. The Boy was 8 years old at this time. She thought he would have learned to mix with children at the nursery, and not end up friendless.

I agreed to talk with the father the next morning at 11.00 a.m. I added that I would leave at noon, would not stay after the Boy arrived home for lunch.

During the conversation, I told the Boy's mother of the Boy's intense feelings of inadequacy, his fear of being too stupid to ever attend university. She said "Well, he does so many stupid things." I said "He believes he is stupid." She said, "If only his attitude would change," and then added, "but I guess it can't until he is happier inside." I took that opportunity to state that I thought he needed a great deal of love; and even should he receive it, he might not accept it, but be cynical and reject it, but that it would eventually change him.

I told her that, with the father's mixed feelings toward the

Boy, the Boy didn't know where he stood and was afraid of his father. She said he has reason to be, that his father can be very explosive.

Telephone conversation with mother: (later same day)

She told her husband of the Boy's feelings of loneliness and inadequacy, and, for the first time, he did not lose his temper during the lunch hour.

She said "I guess he (the Boy) needs to relax at noon." She sounded deeply tired and said, in a weak voice, "I just don't know what to do."

I asked her if she had ever had a break away from the children, and she said "No - never." She had hoped to take night classes after she quit work, but the Boy was just not a reliable baby sitter for his sister. Now she's "given up hope." She immediately gave way to negative comparisons,saying that a friend of hers has a child of 11 years who looked after three younger ones while the mother went to school. I tried to steer the conversation away.

She mentioned again that "It" was a bad influence on the Boy. I said that, from what I knew of him, this was not my opinion.

I resolved, inwardly, to use and maintain a strong but kindly approach to the father the next day, letting him know that I perceived his love for the Boy, but the Boy did not. I also wanted to make clear that intimidation is the worst way to handle the Boy, for, when faced with it, he has two choices; (1) aggression against parents, i.e. threats to "go to the Government" and (2) aggression against himself in the form of suicide.

Meeting with the parents:

The Girl met me at the door and let me in. The father was standing in the kitchen and did not come to the door to greet me. I went into the kitchen, following the girl, and observed that the father was touching his head, as if it was aching. He commented on his headache and invited me to sit down.

He talked without pause for 25 minutes, about the following: (1) His experiences as a child; (2) his experiences during the war; (3) a run-in with the Boy's school principal; and (4) the Boy. He mentioned the Boy only in passing, concentrating mainly on himself, and his difficult life experiences.

In the exchange with the Boy's principal, he was deeply offended when the principal, he said, told him he was a liar. He talked so quickly that I couldn't always understand him (this was partly because he has an accent as well). He said he dealt with the principal by telling him that he could easily grab him by the neck, stuff him in the car and take him down to the police station to prove that he was right, because he was bigger than the principal.

In the second incident, again so detailed and difficult to understand, he referred to the possibility of people becoming mentally ill for a second and, in that split second, slitting someone's throat. I interpreted this as an offensive defence with one of two possible interpretations:

a. To warn me to watch how I proceeded, or

b. To tell me how afraid of my power (as a counsellor or possible authority figure) he was.

The situation was so emotionally loaded it was impossible for me to ascertain which.

It was now close to 11.30, and, with my stated intention of leaving at noon, I realized that if I didn't bring the conversation around to the Boy, the father wasn't going to. The mother came and sat with us about this time. Up till then she had hovered in the background.

The father complained that the Boy never learned anything from what his father told him about his own experiences, and I suggested that it was rather difficult for anyone to learn from the emotional experiences of another. I added that the Boy was actually doing the same thing, asking his father if he knew what it was like to alone and friendless from 10 to 14 years of age. The father replied that he had told the Boy many times to learn from this experience and not treat others unkindly.

I then told the father I believed that he loved the Boy (he quickly agreed) and that the Boy didn't believe he did (again he quickly agreed). Then I said I also believed that the Boy loved him and that he did not believe it. This was the first time he had nothing to say in response, but, within several seconds, he regained his composure and went on again with his complaints about how disrespectful and disobedient the Boy was. He said the reason he had asked me over today was to find out what I was doing to the Boy to make him more disrespectful, and how come he loves me more than he loves them.

I found the situation as difficult as when I spoke to him last year. The father struck me as a tragic figure. He is a proud and independant man, valuing, in himself, most highly, the fact that he doesn't lie. I said that, in this way, his boy was like him, and that's why he was getting in trouble at school, and at home. He didn't like the comparison and quickly reminded me that the Boy should obey without question in school. I asked why. That stopped him for the second time.

Both frightened and angry, the father, while he claims to have aobsolute respect for the freedom of another, doesn't seem to realize that his whole manner can be threatening. Although I intended to tell him that the Boy was afraid of him, I didn't, out of fear. I feel he is unpredictable and potentially explosive. I told both parents that the Boy feels without support in his struggles in the world. His father said "Well, that's ridiculous", because, when the neighbour's boys were bothering the Boy, he (the father) went to the neighbour's home and told the man to keep his kids away from the Boy or he could, and would "slit the throat" of the neighbour man and his two sons, and "there hasn't been a moment's struggle since then."

I was still there when the Boy came home for lunch. His father said, "Ah, there you are. And here's ______. Do you want to go and live with her? Come now, come and sit down and tell us which one you want to live with!" This was said in a seemingly friendly but nonetheless, threatening tone of voice. The Boy said, "I have to go to the bathroom" and fled. The father said "You see, he always disobeys." When the Boy came back into the room, his father asked him the same question and insisted that he sit down and answer it. I got up to leave saying "I think this is very unfair to ask the Boy this question." He said, Why?" and I replied "Because love doesn't ask a child to make such a choice." He became very angry. We were both standing by this time, one on either side of the kitchen table, and he said "Well, what am I supposed to do when the Boy disobeys me and talks back, and doesn't understand?" I said to him "Understand him." It was a highly charged moment and it was not my intention to quarrel with the parents in the Boy's presence, so I made another move to go.

The mother stopped me by talking non-stop for the first time and telling me a number of things about the Boy, things she didn't like. He was supposed to have brought a note home from school yesterday and didn't bring it because he said it was too heavy along with all the books he had. She said, "Can you believe that?" I replied that a note with bad news can be pretty heavy. (I was sure this had to do with his lagging social studies assignments.)

She went on to say that the Boy was dishonest and that she has found him to lie. I said I had never found this to be the case with the Boy.

We were all standing in the kitchen except for the Girl, who had spent the entire hour in the next room. The Boy, obviously terrified, didn't say a word. Both parents kept trying to tell me more about the Boy, and I said that perhaps we could talk another time, but that I must go. The father followed me out to the front porch, where he continued to talk at me until I finally just walked away while he was talking, at which point he thanked me very much for coming (calling it out over the front yard) and asked me to come back some evening and bring my husband, and we could have a nice visit.

Telephone conversation with the Boy: (one day later)

I phoned the Boy's home, to inquire whether he would be permitted to come for the testing. The Boy answered the phone. In view of the fact that I had not discussed the issue with his parents, I stated that I did not want us to keep our appointment the next morning.

He was disappointed and tried to talk me into changing my mind. When that failed, he tried to keep me on the phone, talking about trying to get his money back now that Life magazine had folded.

Three telephone calls, re:

1. Tutor for the Boy.
2. To inform school counsellor about tutor.
3. To inform mother about tutor.

1. I had been concerned because the mother had said that the Boy now has, as well as his daily hour long detention, an hour each day to do at home on his social studies. I phoned a local health clinic to request a tutor. Although there were none available, the woman I spoke to said that, in view of the pressing circumstances, she thought one could be arranged. I suggested a young male tutor, and indicated I would be willing to talk to him at his request.

2. The school counsellor agreed to the tutor saying that the the school had tried to arrange for a tutor for the Boy but there were none available.

I told her that the home situation was tense now and shared with her some information, re: my visit to the home. She thought the school psychologist should be called in and a protection put on the home. I immediately cautioned her that the situation was very tense, and urged her to do nothing without my knowledge.

She knew the Boy was afraid of his father, and added that the teachers were afraid of him too when he came to see them.

3. The mother was immediately receptive to the idea of a tutor, and gave her permission. I added that the tutor would likely come to the home.

She had discovered, after agreeing to help the Boy with his hour's homework assignment, that the social studies assignment was very difficult.

I asked if the Boy would be permitted to come in for a repeat of the tests I had given him in the previous year. She agreed immediately. She noted again that she was pleased with the idea of a tutor.

Telephone conversation with the Boy: (same evening)

He phoned to say that he was pleased with the idea of a tutor, and some help at last.

I told him that I had discussed our meeting for the purpose of completing the testing and that his mother had agreed. We set an appointment.

He had been studying numerology and that he was a #7. "What are they like?" I asked, and he said, "Just like me."
(1) A loner, (2) The type who, when he discovers something, tries to explain it to others and they consider him stupid, and (3) Not very popular, or not known by many, but, when he does have a friend, it is a good one.

He said he had sent away for information from a religious order because they stated that "man must die to release his inner consciousness" and he was attracted to what this might mean. They sent him a book which would teach him how, (1) To perfect his memory (for exams, he added), (2) To never be sick, how to keep his body in perfect order. They talked of "true knowledge of all the world, and greater awareness." He was very talkative, and very serious, and I was aware again of his intelligence.

Telephone conversation with school counsellor:

She had talked to the teachers, and they agreed to reduce the pressure on the Boy. Mrs. S., the social studies teacher, agreed to talk to the tutor.

She asked if I would meet with her and the school psychologist the following week.

Interview #42

He looked white and pale, and said he was recovering from a severe stomach ache. He was subdued and quiet, seemed mature.

He had brought his social studies to show me his work. Thinking his mother had sent it along for me to help him with it, I ignored it until towards the end of the interview.

I asked him if he still felt unwell. He said he thought his stomach ache was caused by his mother's cooking.

We had met in the cafeteria, and, while we were drinking our coffee and pop, I read his essay on Empathy (see Appendix I). I thought it was excellent, and told him so. A boy he knew and did not like came into the lounge while we were sitting there. This excited the Boy and he found it difficult to sit still. He had pulled his chair over very close to mine, but refrained from any hand holding (as I thought had been his intention) when this boy appeared.

I planned to administer the Stanford-Binet today, so we left for the privacy of an office. The Boy was now in a hyperactive state, and, as we walked down the hall, he flicked off the light, pulled open the doors of a service elevator, tugged at my arm, and eyed the fire extinguisher, as if to do something with it. I was annoyed, and spoke harshly to him, telling him that, in respect to respect for property, I considered him a hypocrite in that he demanded it for his property, and didn't give it to the property of others. I knew the timing was correct and that that statment affected him deeply.

During the administration of the test, the Boy mentioned several things worth noting. As a child, he remembered his directions by standing in his sandbox (he thinks he must have been about 4 or 5 years) and facing north, which was toward the river, saying "The sun, like yeast, rises in the east, and goes to rest in the west."

He also recollects his mother calling him to come in early because the parents were going out (this incident occurred about the same time as the first) and the Boy's eagerness to see the babysitter because she was so good-looking. He described her non-verbally by making curves in the air with his hands.

Toward the end of the session, he asked if I had read Jonathan Livingstone Seagull. (I had). He said "It", who had been terribly excited about it, has loaned it to him. The Boy wasn't all that excited about it, although he did say he had seen a similarity to people in the story. Though not quite understanding "It's" elation, he "tried" to enjoy the book as well.

Throughout the hour, he changed from quiet, controlled and mature behaviour (in the coffee lounge) to hyperactive (when we walked upstairs and picked up the test) to attentive and applying himself (during the testing).

We were not particularly close, nor did we attain that rapport for more than a few minutes at a time. The testing changes the set for the interview.

It is my intention, next time, to spend half the time testing, the other half counselling. Then, in order to prepare the Boy for the break, which will occur earlier than I would have intended, I will gradually shift toward spending the entire hour testing. I realize he may not be able to stand the strain of such a different relationship.

Meeting with the school counsellor and school psychologist:

The school psychologist grasped the situation immediately, appreciating the seriousness of it, and the terrific pressure under which the family lives, given the father's actual or incipient paranoia. She felt the mother copes as best she can, but, under the father's strong influence, tends to share his view of the Boy.

Her first concern was for the Boy, the question being: Should he be left in the situation? She suggested that it might be possible to have the Boy hospitalized for a six-month period, during which time she would work with the mother in a supportive way with the intention and hope of contributing to the health of the entire family. Though it may be too late to bring about changes for the Boy, there is still the Girl to think about.

Telephone conversation with the Boy:

He had turned in his essay on Justice and it had been marked and returned to him - he had been assigned 44%. He accepted this quite philosophically, saying he had had a dream in which it was revealed to him that he would be receiving less than 50%. In his dream, he had watched his teacher mark his paper. We set out next appointment time.

Telephone conversation with the mother:

She had been concerned with his falling behind in Social studies, and felt that his "Justice" essay was good, and was disappointed with his mark of 44%. Although I tried to support her perception of the excellence of the paper, independent of the mark, she resignedly said "What's the use?" We discussed how difficult it was for the Boy to meet this teacher's demands.

She asked about high school, and I gave her a great deal of information about high school, university entrance requirements, financial assistance, I.Q. test scores and potential to succeed at university. She was not too displeased with the Boy's recent report card.

I offered to have the social studies essay reassessed by another teacher and she accepted.

Interview #43:

He gave me a gift, a set of plaster of paris figures which he had made, a dome and two matching arches. He also brought his essay on Justice, and we spent considerable time looking it over together.

He wanted to go downstairs and get a drink and bring it back up so that we could share it during our session. While still in the interview cubicle, he turned the light out, but turned it right back on and hugged me tightly. He remained that way for a moment, absolutely still.

After arriving downstairs, he wanted to stay there while we drank our coffee and pop, so we did. He sat close to me and, even though there were a number of people nearby, occasionally reached for my hand, or put his arm around me. I never put my arm around him in that setting, but never withdrew when he put his arm around me. Eventually, in a few minutes, he was satisfied, and from then on, we sat side by side.

He brought a picture with him, one he had drawn from a dream he had had. I asked him what it was, and he said "I guess it's a supernatural being trying to transpire into the physical world."

He said he wished he didn't have to bother to come down each week, but could simply live with me.

He talked again today of his fear of the dentist.

Telephone conversation with the Boy:

He phoned to say he'd forgotten to bring his report card and was going to read it. He neglected to ask whether I had time to listen at that moment. Since I was busy, I told him so, and asked him to write down the marks and bring the paper in next time he came. He agreed.

Then, before I could go, he quickly asked how he could get to work. This was in relation to his social studies assignments. I said I thought he (like me, and others) miraculously wanted the job to be done without doing it. He laughed and agreed. I said "the longest journey begins with one step" and suggested he take it, and he responded by saying "Life is like an ice-cream cone; you have to lick it."

I observed that phone calls give him an opportunity to be manipulative, and made note to watch that.

Telephone conversation with school counsellor:

I phoned to see if the school psychologist had taken the steps discussed at the meeting. She had not, as yet.

We discussed the high school boundary issue. There was a possibility boundaries would be erased, allowing students to choose their school from anywhere in the city. The Boy wanted to attend a school other than the one his peers would continue to go to.

She had received a call regarding a tutor. There were none available yet, but the Boy's name was on the list.

Interview #44:

We talked of occasions in which a person, obviously in pain, delays his response until a more appropriate time. The Boy referred to that ability as a "step-down transformer."

He told me of his recent dream in which a "guy" is being mutilated, his feet are locked in cases of cement and he's thrown in the river, where sharks mutilate him. The dream was so vivid that, after waking, he kept seeing the images on the wall, and had to turn the light on to make them go away.

He talked about the record "Tommy", a story about a little boy who had witnessed such a brutal scene in his home that he had become psychologically blind, deaf, and mute. The parents sang to him "You never saw it, you never heard it, you'll never tell a soul."

His stomach ache attacks are becoming more frequent lately, and are followed by extreme fatigue.

He switched the light off several times today, but turned it back on immediately. Just before we left to go down to the cafeteria, he said "I guess the reason lots of kids dislike me, hate me, is because I give off bad vibes." I asked for an explanation and he said, "Well they feel them, they don't understand but they feel my vibes which indicate deep down, uncontrollable, I don't like them, they feel the disgust, don't like it, so say they don't like me."

He went on about "vibes" downstairs, saying again that they were uncontrollable. I countered with the suggestion that, if you really don't like someone deep down and act as if you do, you are lying, being a hypocrite. He responded immediately that he'd have to hate someone really badly before he'd not be nice to them. I asked him who he hated that badly, and he said his sister, the boy who beat him up at school, and Mrs. S., his social studies teacher. (Note - parents not included). He added that the reason he liked me was because I never tried to control him, even with vibes, not even once.

Upstairs once again, he showed me his report card, with ease and naturalness. He was reluctant to go, and lay his head on the desk and said he was too tired to go home. I put his books in his carrying case, put his coat on zipped it up, (he loved it) and walked him down the hall to the elevator. He did look tired today.

Telephone conversation with the Boy:

I had had the Boy's paper on Justice evaluated by another teacher, a high school teacher who felt it was "better than Gr.10 performance" (the Boy is presently in Grade 9). This teacher said he had some Grade 11 students who were not capable of preparing such a good paper.

After talking to the other teacher, I had helped the Boy obtain some references for his most recent social studies question. He did not understand how to do it, his parents could not help him,and he was lost: I gave him what guidance I could, writing out several pages of ideas for him to pursue. He had kept these pages in his book at school, and phoned to say that Mrs. S., his social studies teacher had seen them, had in fact taken them away from him in spite of his pleas that they were his private property.

He talked about his stomach attacks, saying that sometimes he could relax and get control over them with his brain, but this was not always a dependable method.

Telephone conversation with the mother:

She is still mainly concerned with whether or not the Boy will get through Gr. 9 social studies. She went to see Mrs. S. last week, and "had it out" with both the teacher and the Boy present. The teacher says she still has to stand over the Boy to get him to do anything. His mother is feeling pretty fed up again. I gave her the feedback re: the other teacher's evaluation of the Boy's essay on Justice.

She had received a phone call regarding the tutor, who was now available and would tutor for five to six weeks. She talked on and on about how the Boy and "It" didn't even have to work for a higher education.

Telephone conversation with the Boy:

He phoned to say that today's meeting was to depend on whether he completed his social studies problem for the day. He phoned a short while later to say he had not completed it and would not be allowed to keep the appointment. An hour and a half later he phoned to say he had completed it, and could he come now.

I said no, and he accepted this quite cheerily, feeling pretty good about having his assignment finished.

Interview #45:

The Boy completed in 20 minutes today a test which took him the better part of two consecutive weekly sessions a year ago. His manner,apart from his efficiency, was subdued and "watchful." The three week interval since the last session introduces uncertainty, even suspicion back into the relationship.

While in the coffee lounge downstairs, the Boy whispered, "I feel so paranoid today." Several times, when I was looking at him rather searchingly, he said, "You're trying to penetrate my mind, aren't you?"

Except for several instances in which I took his hand, and he responded (though with some caution) we didn't make much "meaningful" contact. His manner, throughout the whole hour, was one of apparent calm, and maturity. I've come to know that means (1) he's locked in a kind of self-control because things are very bad for him, and (2) he's just about had all he can take.

He brought his social projects, the most recent ones. These projects overwhelm him - hang very heavy over his head.

Meeting with the school psychologist and school counsellor:

A tutor has been arranged, beginning now, twice a week for 5 or 6 weeks, the idea being that:

1. The Boy needs guidance in study habits.
2. It will take pressure off the parents, particularly the mother.

The school psychologist said she felt very concerned for the Boy and feels he should be taken out of the home, perhaps initially in the children's psychiatric ward in a city hospital, and then perhaps a home for disturbed children.

She had talked with the Boy's mother, and was very concerned with his lack of contact with peers, his anxieties, and his sleeplessness.

I added to that my concern re: his strong and almost uncontrollable suspicions about others at times, his fear of going on holidays with his parents this year, because of his father's driving, his vulnerability and fright during our last session.

The school psychologist felt that viewing the Boy as sick might allow the parents to tolerate this next step. I think, however, that the father's reaction will be intense, (and probably negative). I have heard him say that psychology's a lot of nonsense.

The psychologist said that the psychiatrist from the hospital would probably want to get in touch with me regarding the Boy's case history. I indicated that I would be willing to share any information requested.

Telephone conversation with the Boy:

We agreed on the next appointment. He talked about Education

Week as being a time (particularly in Social Studies class) when a television crew took pictures of the kids "doing things they never do", namely:

1. Playing a game they never play.
2. Talking in groups (something they're never allowed to do).
3. Raising their hands excitedly to ask questions.

"Some phony set-up", he said.

He told me about his tutor, and said that he likes him. One of the things he liked was the fact that the tutor was a little nervous during their first session together.

He told me that, as an exercise in self-discipline he had given up drinking pop.

Interview #46: (tape-recorded)

Today I administered the Rorschach for the second time.

At no time today did he discuss either his parents or his teachers. The Boy had seen his hair in a picture taken during Education Week, didn't like it, and was considering getting a "layer" cut. He checked very carefully with me as to what a layer cut was, and asked me to tell him again the name of a barber I had recommended about a year ago.

The administration of the test was straightforward. He said he'd hurry, and he did, in that he concentrated and responded quietly and simply. Only several times during the test did he make comments of a different nature.

After showing me his arm, and an obvious blood test -

The Boy: Do you believe that these are acid - do you believe I've shot up acid?

Counsellor: No.

The Boy: Oh, too bad. The trip lasted about 7 hours, I guess - 7 or 8 hours.

Later he interjected.

The Boy: You know what? Once I saw on Get Smart?

Counsellor: What?

The Boy: Get Smart went to a psychologist, you know, a psychiatrist and he gave him this test, you know, and he says, Now what do you see?" and he says "Man and woman hugging." And he gave him the next one . . . . . . "Oh, really?" and he gave him the next one, "Man and woman hugging and kissing." (laughs) . . . . you know . . . all you know, just about the same, you know, every time, and he said, "Mr. Smart these are completely different pictures", you know, "How come you always see the same thing?" you know, "How come you've got such a dirty mind?" And he says, "What do you mean, dirty mind? When you're the one with the dirty pictures!" (laughs) (goes right on with the test as if there were no interruption.)

A few minutes later there was another reference to drugs:

The Boy: Ask me if I smoke grass anymore . . . (puffs imaginary smoke) . . . or else you know I'll just be wasting a lot of good grass . . .(I ignore that and go on with the test administration)

A few minutes later again:

The Boy: Wow, do I ever feel dizzy - must be having a flashback!

After the session, while we were having our usual coffee and coke together, someone in a room adjacent to us was switching a light off and on. This caught the Boy's attention. He mentioned it several times, appearing restless and I said, "You wish it were you, don't you?" He grinned immediately, saying "I'd like to see what's going on." During this time, he was so restless he could hardly sit still.

Telephone conversation with the Boy:

He phoned to say that his father had given him until the weekend to get out of the home. He asked for advice or assistance. It seemed to me his manner of expression (he sounded rather calm) was out of line with the content. I told him I would discuss the issue with someone else and contact him again.

Telephone conversation with school psychologist:

The school psychologist took this opportunity to talk with the mother, and phoned me back to say the mother felt the Boy had over-reacted to his father, that she (the mother) had explained to the Boy that he was a wanted and loved child, but he hadn't heard a thing she said.

The school psychologist said she realized the Boy was responding to the tone of rejection in the home. She discussed with the mother the need for a psychiatric assessment and the mother agreed to both that and the possible need for long-term treatment.

Interview #47: (tape-recorded)

He looked very pale and said, upon questioning, that he had just had another "appendicitis attack or whatever it is." Because there had been a power failure in the building, we sat and talked quietly downstairs until the power was restored. He commented that he had felt strong and full of energy in the semi-darkness, and that the turning on of the power had drained his system of energy. We began to walk upstairs, but he looked terribly ill. I urged him to sit down where we were and asked what was happening to him now. His face was ashen, the area around his mouth yellowish-green. He said, when all else fails, as long as his radio or recorder or record player is going in his head, he's O.K. As long as he keeps his music going, he'll make it, but he felt it slowing down (to 29 R.P.M.) and it made him feel the end was near.

We went on upstairs as soon as he looked well enough to walk. I attempted to administer the TAT, and he tried to respond to the first card, but it was obvious he was not capable of meeting any demand put on him.

I realized it would be cruel to go on, and shifted immediately, attempting to help him restore himself. I asked many questions (making this session unlike others) and, in responding the Boy became more energized and talkative. However, when the tape was over, he remained slumped in his chair, still physically exhausted. Knowing he still had to cycle home and that he was incapable of doing so in this state, I urged him to come and sit beside me, as he used to do. He sat quietly for about 10 minutes. When he left, I followed him (unknown to him) for a while.

During our last few minutes together, he let me know how important I was to him. "If you were to die, I'd go insane "it would just be all over."

Excerpts from session: - he talks of his sister.

The Boy: You know, she's always going into my room and taking my filing card, my, well, thing to put around my neck with the little horse, you know, she stole that, she stole my key four times, and stole some other things from my room, and she even stole my mom's electric clock, you know, and she just shoves it under her bed, and she says, and I said" "Have you seen these, because I have some things missing, you know" and she says "No, I never stole anything!" And so you know, I go into her bedroom, and all the stuff's under her bed, you know, under her bed, and I said, you know "Well, how did this get here?" and she said, "Well, I don't know, but I didn't touch it," you know, and I said I"m going to speak to your parents" and anyway my mom says, "Dont talk to her at all - let me handle it." You know, so I said "O.K. from now on I'll just tell you whatever she does" and so whenever I do she just says, "Ah, get lost!" Most of the time she says, "Ah, get lost, she does not, you're imagining things." and so once you know, I told her "She's even got your lock", and she said, "So what?" you know . . . "Yah, so I'll belt her, you know, but not in front of you" so that, you know, she doesn't belt her at all. She just says a few words, she says _______ and then she runs away, and then she says, "Well, you know, I belted her really good, and she's crying really hard" . . .

Counsellor: What would happen if you told your dad on her?

The Boy: I did, and he said "She's just a baby!" you know, all the time, "She's just a baby!" What do they expect me to do about it? And the Girl says "I've never stolen a thing from your room, but you're stealing everything thing from mine." But what would I want from hers?

Counsellor: Do you think the Girl's a little nervous of your dad too?

The Boy: Uh-huh (negative) She can say anything to him and dad won't get upset at all, she does, you know.

Counsellor: Is your mother nervous of your dad? Do you think?

The Boy: Well, you know, I think they're nervous of each other. Sometimes you know, my dad says, you know, "No mummy will get real mad!" you know, and my mom says "No, The Boy: (cont'd) dad will get real mad!" Well I think they're really scared of each other but they don't know it, you know . . . like, you know, like I think that they are scared of each other but they don't know it, you know that they're not scared of each other . . . you know . . that they have rights too, you know, but they're just scared of each other, *I* think.

A few minutes later, in talking of his dad:

The Boy: . . yah, he's always jumping down my throat, and he says, you know "Well, how come you're always so mean to me?" you know . .because I'm so mean to him it's just like throwing dirt in his face.

Counsellor: Does he . . . feel then .. that you're mean to him?

The Boy: He just thinks I don't love him, and things like that, . . well after all that kind of treatment, who *could?* And you know, my dad says it's all *my fault* that I'm making him mad, and all my fault that he's taking so many pills, and you know what, you know, they've got some bonds, you know, and, they're going down - some stocks and so they decided to sell them, you know, because . . . they just wanted to sell them, and they sold them to ... a really cheap price, they sell them to other people, you know, and all of a sudden after they sold it jumped up sky high, you know they could have got a couple of thousand dollars, you know they could have gone to Hawaii, and got new clothes and stuff like that, the stocks you know went up fantastically.

Counsellor: Was he unhappy or angry when that happened?

The Boy: Yah, he was saying, Gee, I'm really made about that . . ! all the time, and so I finally got the truth out of him, what he was talking about, and so, you know, this is what he told me, "It's *your* fault!" and I said, "How come it's my fault?" and he says, "Because we were scared that you might . . . that they might go down so much that they would be in debt, you know, "and then we would have to sell your education funds." If their stocks and bonds dropped . . . too much, you know, they'd have to be in debt. and they'd have to be in debt and they'd take it out of my education fund instead of out of their bank account you know. . .

Counsellor: This is all your fault?

The Boy: Yes . . . and so I says, "Well how come you have expenses you know" . . and then he says, "Ah, you're so stupid you don't know anything!" And his lectures well one time

The Boy; (cont'd) we were going into a shopping center, and even out in the car, you know, he just talked about it all you know, in the store, you know "See now, why are you ... (garbled sounding lecture, unintelligible)

Counsellor: Was he talking on about it in the store too?

The Boy; Oh, yah. .

Counsellor: Did it embarrass you?

The Boy: Yah, well, sometimes we're in the store, you know, and it embarrasses me you know when everybody looks . . . and that's why I hate to go with him anywhere, like into a hardware store . . . I used to hate it! So embarrassing!

Telephone conversation with psychiatrist:

The psychiatrist had talked with the Boy and his mother this morning, and asked if I would share my observations of the Boy, which I did.

He stated that the Boy's life looked pretty bleak, (from the Boy's point of view) and that the Boy had readily admitted that he considers suicide at least once a week. The psychiatrist felt the parents put unreasonable expectations on the Boy, and that the mother had transferred some of her frustrations and disappointed expectations from her husband to her son.

He indicated he was considering a six-week assessment of the Boy in a hospital, followed perhaps by a live-in situation in a different hospital setting. He said it was obvious that the Boy's relationship with me is the only thing of importance in his life, and asked if I would continue my support. I agreed.

He felt, as I did, that the Boy is "just barely hanging on."

Interview #48:

He was in good spirits today. He told me right away that he'd seen a psychiatrist, and that he liked him. He was eager to complete the TAT, responded in a concentrated and attentive manner, and, after test administration was over, told me more about his meeting with the psychiatrist.

The Boy: He looked at me as if he was - he looked at me as if - well, he just looked at me as if he wanted answers, you know to his questions.

Counsellor: So you felt comfortable with him?

The Boy: Um-hum . . (11 second pause) I wonder how - how soon could I come and live in your house?

Counsellor: Did you talk to him about that?

The Boy: Um-hum . . He said "If I gave you three wishes, what would you wish for?" Money (laughs), to live with ____ (myself) and friendship, you know . . to live with _____ AND to have friendship. He said Very good, just like you do, you know. Very good.

After the test was completed, he pursued this topic.

The Boy: You know I was thinking, when I get to your house to grow a garden and stuff, you know . . grow lots of things at your house, you know, and, you know, turn the garden clean it up, you know (laughs) . . and stuff like that, you know.

Counsellor: How are things at home . . How's your dad?

The Boy: Ugh! (sounds of disgust) Hope I can come to live at your house.

At this point he veers the conversation away, discussing his hair and his comb. I steer it back.

Counsellor: How's your dad?

The Boy: Did I tell you about that thing he is building? (again attempts to steer the conversation into safe areas) (I let him talk for a minute or two and then steer it back again).

Counsellor: Did you have any major arguments with your dad this week?

The Boy: Yah, I always have. Anyways, He's always saying constantly, a couple of times a day, you know, "See what you're . . see what that stupid counsellor thinks

The Boy: (cont'd) of you, you know, putting you up to a stupid man, you know he might want to put me in the hospital for about a week or so, you know.

Counsellor: Is that right?

The Boy: Yah, I have to go . . I might like have to go and sleep there overnight at the hospital.

Counsellor: How do you feel about that?

The Boy: Fuuuuuuuuun! . . .I'll be away from my parents.

Counsellor: You like that, eh?

The Boy: . . and from school.

Counsellor: Your dad feels that I . . .

The Boy: That it was your idea.

Counsellor: . . . that I arranged the visit with the psychiatrist?

The Boy: What?

Counsellor: He feels it was my idea that you went to the psychiatrist.

The Boy: Yah . . . I don't even think it was a psychiatrist. He might have been, but I don't know. But anyways, you know, my dad, keeps trying to tell me "It wasn't his idea!" you know, but he keeps saying, "Who was it?" you know. I'm going to kill her!"

Counsellor: What did he say?

The Boy: (laughing embarrassedly and apologetically) No, he didn't say that.

Counsellor: But he feels angry. You think he feels angry about your having gone to a psychiatrist . . .

The Boy: Um-hum . . .

Counsellor: . . . It concerns me about how your father feels about your going to a psychiatrist, and about your going to the hospital. Did he get very upset with you?

The Boy: Um-hum (I ask what he did). He just got mad.

Counsellor: He thinks I arranged the visit with the psychiatrist?

The Boy: I don't know if he is a psychiatrist, but yah . . (I continue to probe for information)

Counsellor: So you're saying, you're saying you might go to the hospital. Who told you that?

The Boy: Dr.________. He told my mom that. (He steers the conversation toward hair again) (Then asks if we can go now, at which point I turn the conversation back

Counsellor: First I want to (he interrupts me) I want to ask you . . the thought of going into hospital then is pleasant to you . . because mostly because, you'll get away from your parents?

The Boy: Yah, and uh . . the sooner I get there maybe the sooner I might get to see you, you know, I might get to live with you (laughs embarrassedly). Would you like it if I came to live with you?

Knowing how important this issue is to him, and how much his desire to be with me has coloured his thoughts, I discuss this issue with him in detail, emphasizing the fact that major decisions regarding his life are not mine to make. . .

Counsellor: Let's talk about your dad's reaction to this, because you see, your parents . . .

The Boy: Oh, I imagine they would feel . . like sort of . . I have had sort of thoughts about this you know . . and uh, I imagine they would just feel "Well, if that's what he wants" (voice light and airy) you know, they wouldn't really be too upset, you know, . . . they wouldn't be too calm, you know, just like . . .taking it normally, you know . . . sort of like "Well if that's what he, what he wants", you know, "Go ahead . . . like I don't picture him as coming over to your house you know with a shotgun . . ."Give me back my son."

Telephone conversation with the father:

He phoned at 8:45 a.m. sounding distressed, and said a social worker had referred the Boy to a psychiatrist and that they want him to go to hospital, and if that happens, he (the father) will have to sell his house and leave the neghbourhood, and even the country because of the shame brought on him by the Boy.

He talked about the neighbour's boy having broken down and being put in a mental hospital "probably for the rest of his life."

He said he knew the Boy was depressed because the kids at school are cruel to him, but he doesn't want him to go to hospital and be treated like dirt the rest of his life.

He talked steadily, asking me questions, and then not pausing for answers. He told me he had been running since 1941. He asked me to phone the doctor . . ."He won't listen to me . . . I'm a foreigner." A few minutes later, he changed his request, asking me to continue to talk to the Boy, and saying he'd talk to the doctor himself.

I said little during the conversation except to ask him if he had seen the doctor, or made an appointment with him, and to agree to pass on his feelings to the doctor, but then he said he didn't want that.

Telephone conversation with the psychiatrist:

I telephoned the psychiatrist to tell him of my conversation with the father. Apparently he knew from the mother how upset the father was and had made an appointment to see him the next day.

Telephone conversation (next day) with the father, the mother, and the Boy:

The father phoned, and in an excited and angry voice accused me of making the Boy love me more than his parents. He made a number of angry accusations, that I had turned the Boy against his parents, undermined the discipline in the home, and that I should have told the Boy that he (the father) was a reasonable man and didn't mean it when he had told the Boy to get out of the home.

I asked him to try to see the world from the Boy's point of view, to put himself in the Boy's shoes. He said "I've been in them since 1941." I said "That's your shoes you've been in." He said "No, I've been in his (the Boy's) shoes and I've been running since 1941 and I'm going to teach the Boy to stand up and fight." He told me again how he had dealt with someone (but so agitatedly that I barely understood him) who had interfered with the Boy, threatening to kill the neighbour,and how, since then,he had had no more trouble.

The mother then took the phone and stated that she hoped the the tests would soon be over because she wanted the counselling to end. I said it would soon be finished but did not indicate the exact date.

The Boy was allowed to speak to me, but, just as he began, the tutor came to the door. His parent's attention was distracted, and the Boy cupped his hands around the mouthpiece of the telephone and whispered anxiously, "Oh, the pressure is so high!" I urged him to keep his composure and not do anything to provoke or aggravate the situation. He agreed. We set our next appointment.

Telephone conversation with the psychiatrist:

He had talked with the father and found him to be paranoid. The Boy had told him his father was paranoid - "His diagnosis was accurate" the psychiatrist said. However, the Boy had said his mother was too, and the psychiatrist said she was not. He feels too that the situation is very delicate and sees two alternatives:

1. Counsel the father and the Boy together (the father agreed to this but the doctor feels only in the hopes of getting more support for his authority over the boy). Because this might be non-productive, it could lead to hospitalization with agreement.
2. Legal action, a step which, because of the already existing high pressure of the situation, may trigger off what it is trying to avoid.

He asked that I keep in touch by telephone to let him know how the Boy is. I agreed.

Interview #49:

The Boy looked integrated, "Together", but guarded. a bit off-hand, displaying a casual air I felt he did not feel. He wanted to proceed to the test immediately, which we did. During the testing (self-report) he kept running off on tangents, but caught himself several times with comments such as "I do tend to monopolize the conversation, don't I?"

After having talked with the psychiatrist, I took careful note of the Boy's state, and then, after the test was completed, did some direct probing in an effort to determine how he saw his future if we could not continue the counselling relationship. In a seemingly joking manner he said he would "swallow his mercury" or jump off a bridge or a building. We discussed two alternatives: telephone conversations (my suggestion) and meeting secretly (his suggestion). He said telephone conversations were unsatisfactory because you must be able to see someone, and I vetoed the idea of meeting secretly.

Excerpts from session:

He talks about his first baby-sitting job, and reveals responsibility shown in a decision he made concerning the job:

The Boy: I was baby-sitting last night. (pride in voice)

Counsellor: Were you? Where did you baby sit?

The Boy: Um . . there was - it's the first time I ever baby-sat, you know for somebody rather than just my sister.

Counsellor: Was it on your street?

The Boy: No, it's about . . I guess about five blocks from our house.

Counsellor: Friends of yours . . .?

The Boy: No, I didn't know them before.

Counsellor: How did they hear about you?

The Boy: I heard about them - you know, they put a little sign up in the school, you know, Babysitter Wanted, so I phoned, and, you know, I'm usually always free, and, guess what, like, you know, "It" invited me to a picnic you know at a city park, and, you know, he was going to bring along something to eat and drink, you know, and

The Boy: (cont'd) some of his friends, and they were going to bring a couple of bottles of wine, you know, and get me drunk (laughs) and then I'd come home Mmmmmmmm (laughs) and then my parents would say "You can't go on another picnic!" Um (becomes serious again) you know, it was either that or go babysitting, and it wouldn't be nice, you know, if I didn't show up the first time.

Counsellor: So you had to give up the picnic - that's too bad.

The Boy: And I asked "It" today "Did you like the picnic?" and he said "Sure did!" That's what I hate, you know when you have two things you want to do so much, you know, all tied right in together like that . .

Counsellor: Especially if you haven't done anything for a long time.

The Boy: That's right.

Counsellor: And then you get a chance to do two things, both of which you really want to do . . Good for you. I admire you for going to your job. (He accepts that comment, but quickly begins to talk about how boring the evening was.)

He begins to respond to the test, and then, after describing how his parents and teachers see him (this is the self-report test) he begins to talk about the record Jesus Christ, Superstar, and sings an excerpt from it:

> We need him crucified
> It's all you have to do . . .
> We need him crucified
> It's all you have to do . . .

A few minutes later:

The Boy: I always seem to monopolize the conversation, don't I? (we both laugh at that) Remember how I said "seem?" You know what? "It" let me play with his tape recorder well not play with his tape recorder, but like record on the medium speed and then play it back on, you know, a faster speed or a lower speed, you know, or something like that, and uh (talks about the mechanics of the tape recorder for about a minute) and my dad, he, my dad you know was working on the porch below you know, so I opened up the window and he and "It" were having a debate, you know, an argument, and (laughs embarrassedly) I was recording it and it came out pretty well, you know, at only three quarter volume and then

The Boy: (cont'd) a jet passed by you know, that sonic boom (mimics sounds) - - just wrecked up everything - - and then, you know, and then I was playing it back and my dad heard it, you know, and he said "Agggh." And I said, "But "It" gave me permission", and he said "I know, but *I* didn't give you permission!" as if it's *his* machine. Lookit the light's on (referring to the light on the telephone) (I look at him sternly to remind him of our previous quarrels about his touching the telephone) You know what you're doing? I take it as saying _____, go to hell!"

A few minutes later: (while talking about a show he's seen)

The Boy: I can see the air, like you may not see the air, but I can see, you know, the air - and I can see the beams of light. Do you believe me?

Counsellor: I do, but tell me what you see.

The Boy: Well, it's moving, and, and you know, it's undescribable you know - like in some places it's different.

Counsellor: Can you see light around people?

The Boy: Uh-um (affirmative)

Counsellor: . . sort of auras? Remember one time you told me when I was angry at you that my aura went away - there was a light around me and it went away - do you remember that?

The Boy: No.

Counsellor: It was a long time ago.

The Boy: I don't remember that. But anyways, like uh, black light you know, the ultra-violet rays are even harder to see, you know, like *no*body can see them, but you know I can see them to a smaller extent, you know - they're even very hard for me to see. You know, this light (in the room) I can see pretty readily, but uh, black light, you know, is just so hard because it's so much more invisible.

Counsellor: You told me one time you could see the wind.

The Boy: Yah, that's right, I can - well, air and wind you know, it's the same thing. Wind is just air in motion.

When the testing is over, I suggest we talk about current issues:

Counsellor: O.K. now, left's talk about real things - how did things go the other night after our telephone call?

The Boy: You know what - on the typewriter - I typed the typewriter like this, you know H H H HHHHHHHH - like this - you know, sorta like this - and uh, you know I typed out the word H, you know, capital H with all little h's, and then I made an E, all with the letter E you know, and then made an L, all with the letter L, and then I made a P all with the letter P. You know what it spells?

Counsellor: Mmmm.

The Boy: HELP! (in shouting voice) (laughs)

Counsellor: After the telephone conversation the other night, the tutor came - the tutor came just at the end - of the conversation - remember - and you said to me "The pressure's so high around here!" Did the pressure drop off when the tutor came?

The Boy: Yah, it did - but uh, but then you know, I was in my bedroom with my tutor, and not with my parents so . .

Counsellor: When he left, was it high again, or was that the end for the evening?

The Boy: You know - like - what's she trying to prove, you know -

Counsellor: Could you still phone me occasionally - like, say you weren't allowed to see me anymore, could you still phone me, say if your parents go out once in a while?

The Boy: Oh, well maybe if they went out dancing, you know, I could sneak a phone call - but - uh - or maybe like, if I was on my way home from school, you know, I'd take a different route and go to the pay phone at the corner (laughs with some tension).

Counsellor: So we don't have to lose touch with each other - if worse comes to worse.

The Boy: No - which it will. (He then diverts the train of the conversation by talking about which of our chairs is more comfortable, and whether we had the same chairs the previous week. I steer it back).

Counsellor: You remember the other night when I asked you - don't do anything to provoke or aggravate or make the situation any worse -

The Boy: Mm-hum.

Counsellor: Remember?

The Boy: Yah - like touching the buttons on the phone. (laughs).

I caution about the danger of his behaving in such a way as to increase the pressure at home, indicating to him that I know he is aware of both how to do it, and how not to do it. He agrees and diverts the conversation to (1) dialing a telephone, and (2) the typing exercise he had been talking about earlier.)

Counsellor: Your dad doesn't even want you to come in another week, but your mom would agree to one more week, is that right?

The Boy: My dad doesn't want me to come in at all, and my mom said, you know, "get it done within two or three weeks." (several seconds pause) But, you know, they - they think that you are a very terrible woman, you know, they always say this, you know "She's a very terrible woman, and she's very influencing - and I've been influenced greatly off you - and you know, they think that you say, you know, like "Don't obey your parents, you know, whatever you do, don't obey your parents!" - and stuff like that - and and - they just think you're a terrible woman - you know. (sounds of microphone banging as he moves it around) (10 second pause) What times are you usually home? -about what time are you usually home?

Counsellor: Suppertime - and most evenings.

The Boy: What time do you have supper? . . What about in the mornings - about eight o-clock (laughs).

Counsellor: I'm not always very bright at eight o-clock in the morning. (He laughs)

At this point the Boy again diverts the conversation and tells me about what his sister does in the morning, and then goes on and talks about Archie Bunker's real name, Carroll, a fact which astounds him.

Once again, at this point, I re-cap the situation to-date, urge the Boy not provoke, aggravate or worsen the already tense situation at home. Again I ask him a specific question:

Counsellor: Listen, I want to ask you something - you know, the doctor wanted you to go into the hospital.

The Boy: For three months . . .

Counsellor: And you were looking forward to that?

The Boy: (5 second pause) Well . . . I don't really see anything that's *bad* about it, you know . . . but dad . . . you know, is always scaring me - like he said "He doesn't give two cents about you, you know, he doesn't care about you in the least, and so does the counsellor, - she doesn't care about you in the *least*. and "He just kinda - you - he - and the counsellor is just using you as a guinea pig." (pause) "and they're just ruining your life", you know, and all that stuff. (pause) (laugh) But I know that's not true, but he makes all these things you know, there's other things, too, you know, it's so *convincing* and everything . . .let's see your toe.

Counsellor: So he thinks I'm really trying to harm you, and the doctor too, the psychiatrist? Too? He thinks he's just trying to harm you?

The Boy: Yah, he, my dad thinks that, you know - is he a psychiatrist or a psychologist?

Counsellor: Psychiatrist.

The Boy: Dr. Aaron. (mimics switchboard girls at hospital) Dr. Aa-ron, calling Dr. Aar-on.

Counsellor: If you were to go into hospital, what do you think your father would do? He seems terribly upset at the thought of you going . . what do you think he would do?

The Boy: (pause) (tight voice) Be very upset.

Counsellor: He told me he'd have to sell his home . . .

The Boy: Yah, he told me that he'd have to sell his home, and run all over the country . . and he says he knows what it's like because he's been running since 1949, or something like that. And I said, you know, for once "From *what?*" and he says, "Well, Um . . from ideas!" You know he's scared of his own ideas. He's just you know, running away from his own ideas. That's what

The Boy: (cont'd) he said. You know he didn't say he was running away from himself, he just said he was running from ideas . . . you know, his own ideas . . . can't really imagine someone who's running away from themselves. That - you know, like - in - in - his - you know, I can't imagine him running away from himself.

Just before the end of the session, I suggest we keep in touch by telephone.

Counsellor: If we could talk to each other on the phone occasionally, let's say whenever . . .

The Boy: Well, on the phone, you know, as best as it is - well, like Alexander Graham Bell, uh, said that the phone was an invasion of privacy. And he only had one phone in his house. And,whenever he was reading or having his supper, or anything like that, then the phone was to be left off the hook, or, if somebody forgot to leave it off the hook, and it starts ringing he just let it ring. Because it's just a - truly, an invasion of privacy, he said.

Counsellor: But say I would want you to be absolutely free . . .

The Boy: The phone! Well, like you know, you can't see the person, well, there have been phones, you know, where there is a little camera, and, you know, there is a little picture screen you know, you can see the other person in black and white, but you know, they're so damn expect - expensive - I guess they won't come into circulation, you know well, you know come to be - used - until about 2000 - the year 2000. But, uh, you know, a phone, you know it should just be used for - like - uh - if there's a fire you know, or if you'd have to make an important phone call.

Counsellor: O.K., but let's . . .

The Boy: Uh - well, you know, like if, if I wanted to say Merry Christmas to my friend (the one who moved away) you know, with full meaning, well I'd just put that in a letter - I wouldn't send him a phone call.

Counsellor: But if you knew you could get in touch with me if you needed me.

The Boy: Then I'd feel like I'm imposing (laugh)

Counsellor: Well, I wouldn't want you to . . .

The Boy: Like you'd probably say "What is that Boy . . .? (laughs)

Counsellor: Well I wouldn't want you to feel you're imposing, and what I want you to know now is, if it comes to that - let's agree to meet next Saturday - anyway -

The Boy:	Why don't we meet secretly? Instead of having my parents involved?
Counsellor:	That creates a lot of new problems, doesn't it?
The Boy:	No (airy sounding - laughs) 'Cause I could just say that I went down to the library, you know, and actually I've been there - and then I right away - you know - come straight on the bus down here instead of stopping at my place. (I don't answer - there is a 7 second pause) What do you think of our meeting secretly? Silently?
Counsellor:	Well, (as I go to answer, he stops the tape recorder saying, in a sing-song voice "Cuuuuuuuuut")

When the session was finished, and just before he left he room he hugged me, tight. He had carefully maintained his physical distance throughout the session, and although he hugged me, did so quickly, and as quickly resumed his somewhat guarded attitude.

We agreed to meet next week for the last time.

Telephone conversation with "It"

"It" phoned to ask what was happening. He had had a five hour discussion with the Boy's father, who had told him something of what was happening.

I shared little actual information with him, and instead asked him if he had talked much in the five hour talk. He said he had not. However, he feels the Boy's father is his friend, but mainly because he ("It") has convinced the Boy's father of his superior intelligence (the father's).

Telephone conversation with psychiatrist:

I telephoned Dr. A., as he had requested, and let him know how the Boy was in our recent session.

Again, we discussed possible alternatives; He considered having a colleague diagnose the Boy, thinking perhaps the Boy's father would accept an additional diagnosis, but he doubted it. So did I.

The other alternative was to see the Boy and his father on a regular counselling basis, even though he doubted strongly that any external information would have an affect on the father's way of thinking about the situation. I felt that what this might do would be bring about some change in the father's at-home behaviour, mainly because of the fear of external authority induced by this recent pressure - pressure brought about by the combined action being taken by a number of concerned others - school psychologist and psychiatrist, as well as myself. He agreed.

The final step - the legal action of actually removing the Boy from the home, he hesitates to take unless no other alternatives exist, fearing the explosiveness of the consequences.

I indicated that the mother, when she had phoned the other evening, had moved to the father's position in regard to the ending of the counselling relationship. The psychiatrist said, now that I would no longer be seeing the Boy, the important thing is for someone else to be aware of what is happening for him.

Telephone conversation with the mother:

I phoned the mother of the Boy to tell her that the testing would be completed this Saturday, and that, after that, I would not be seeing the Boy again.

Telephone conversation with the Boy:

The Boy phoned to ask if I had told his mother the counselling and testing was finished. I said I had told her this next session would be the last. I heard her speak with him, and his mother took the telephone and, in her very nice way, (sincere) which I have heard a number of times, she said "I think we owe you an apology - we didn't mean to make you feel bad."

I thanked her for telling me that - and then she went on to say she had had to tell me outright that the Boy had lied to me and lied to them about what was going on all the time - to which I said "Hmmmmmm."

She wanted to go on about the Boy in this vein, so I quickly indicated that I had no time to discuss the matter now.

Interview #50:

He was subdued and pale. I've come to know that his paleness is associated with depression and deep psychic shock. He had several stitches in his head, had bumped his head while leaping into the car. Also another cut on his hand. He complained that he was losing his co-ordination.

He had cut his head four days previous, and his parents had gone out for a drive and supper before taking him to the hospital. He had been terrified, had begged to be put to sleep. The doctor tried to ease his tension by saying, tongue in cheek "Oh, no, people we put to sleep never wake up." Even though so afraid, the Boy had attempted to semi-meditate, as he referred to it, not so deeply that he couldn't snap out of it suddenly if necessary. Apparently he succeeded because the nurse thought he had fainted. There were no histrionics in this. He had sincerely tried to gain control of himself, in spite of fear, during the actual situation.

He wanted to tell me about a show he had seen. He planned to see it again soon, on a Saturday when he could sit through it five consecutive times, from noon till 10:30 at night. He knew already that, even though he had enough money, he would worry all day about whether he had enough money.

We talked about the first time we had seen each other and I reminded him of how, after I had asked him a number of information-seeking questions, he had turned around and asked the same questions of me. He said the fact that I had answered openly had so shocked him that he couldn't think of any more questions to ask.

He talked of how sad and envious he feels of boys and girls at school who talk love-talk to each other in the halls. He knows that's not for him because he's not popular or handsome enough, he said.

He talked about how depressed he's been these last few weeks, and how "It" took him for a walk, but it didn't help. He expressed concern that "It" was withdrawing from the friendship, and went on to say that he ("It") sings a song better than Simon and Garfunkel The line he particularly likes is "Like a bridge over troubled waters, I will lay me down", saying that's what good friends do.

He said his father told him he (the father) can say anything he wants to the Boy and do anything he wants to him because he owns him. The Boy belongs to him. He said "How can one person belong to another?" with some indignation and sadness. His father, although he knocks on "It's" door (rented room in same house) walks in without waiting for an invitation. So the Boy feels anxious even when visiting in "It's" room.

He is still doing an hour detention every day after school for Mrs. S., the social studies teacher.

About all he enjoys right now is fixing a lady friend's stereo set.

While he held my hand for some time during the session, he avoided other physical contact, and was particularly controlled, though white-faced, on parting.

CHAPTER VII

INTERPRETATION

This chapter will include the following:

1. Diagnosis of the problem.
2. My goals for the Client's health.
3. How I intended to strive toward them.
4. What I expected to happen.
5. What did happen, including the evolution of the four stages in counselling. (Note: For those who do not have time to read the detailed analysis, pp 216-258 there is a summary analysis on pp 258-268.
6. Prognosis.

1. Diagnosis of the problem:

Shortly after meeting the Boy, it occurred to me that he was treating me as he had been treated by others. He was domineering, affected in his manner of speaking, spoke a great deal and seemed seldom to listen, was discourteous in the way he ignored what I said, watchful of my reactions, ever-alert, ready and able to change direction in a split second, commandeered the conversation, spoke arrogantly and regarded me as inferior.

His language was mostly high-speed chatter, expressing, I thought emotional over-reactivity to things he couldn't talk about. He used language to conceal what he was feeling, to steer me away from topics which affected him, and to fill in silences so that I couldn't raise any of these issues.

He found it difficult, even painful, to make eye contact. Physically, he was extremely restless, and while he moved around a great deal in the small cubicle we shared, he was particularly careful to avoid touching me in any way. Though he spoke a lot, it was not in the nature of give and take, or a "ball" tossed back and forth between two people, but as bullets fired defensively by someone who experienced himself in a dangerous position, or a barrage of words issued as a smoke screen or a cloud cover.

It seemed to me this young fellow had been "paid a quarter to go to a show" all his life, and that, because he was such a bother to others, the kindest thing he could do for them, if he cared about them, was to leave them alone.

He seemed to express and experience his freedom only in his reactions to the restrictions on his actions. It seemed to me, intuitively that he was saying that if I didn't understand how it had come to pass that he had got this way, he wouldn't trust me to come any closer. Although he couldn't speak of it, he demonstrated to me, in his treatment of me, how he got that way.

The self which finds reality painful enough to enter self-deception may be: (1) an adult running away from the consequences of his own actions; or a (2) child who enters a state of self-deception as a survival strategy in an environment too painful to survive in any other way. The danger in this case, is that the child lets that survival strategy become a life-style, and continues to use it in the world, (school, friends etc.) where it is seen as unnecessary and strange.

I believe this child was forced into an inauthentic mode by his environment, and that he experienced his freedom only in his reactions, authentic reactions and actions having been discouraged or disallowed (with children, both factors count). Because of this restriction on his freedom (authenticity) he experienced considerable hositility. This was especially true toward adults he experienced as "warden" types, which, for him, included his parents, his teachers, and, quite possibly, most adults. His reactions were so extreme that they even alienated him from his peer group,who would accept and share a certain amount of hostility towards adults. His hostility, however, was of a degree threatening even to his peers.

To counter one's enemies, one must learn the strategies and use them better than they themselves do. A survival strategy in a "sick" environment is to temporarily adopt the sickness. At first, one considers or thinks about the necessary steps and stages. There is a danger that one will come to think with the same perceptions one formerly thought about. If this comes about, a formerly well child, in a sick environment, can become sick.

This self-deception, primarily adopted as a survival strategy, takes one away from one's own basic good health. (Self-avowal, authenticity). A conflict may ensue as the inner healthy organism cries out for expression. What likely results is a youngster who is alternatively in a state of self-deception (which means trouble for him in the long run) and self-avowal (which means trouble for him right now). The third alternative is to self-avow to a safe other outside the environment, and self-deceive, more consciously, in the current environment, for the sake of the family. For most children, this occurs to some degree in, and outside of, their homes. Their self-avowal takes place either (1) with teachers, but more likely, (2) with peers.

In a child's environment, there are (1) parents, (2) teachers and (3) peers. In some cases, when one parent forces the child to be inauthentic, to self-deceive, the other parent acts in such a way as to encourage and permit self-avowal. When both parents force self-deception, and self-avowal is not possible in any other outlet, siblings, peers, or teachers, the child will have to be very strong to survive.

Summary:

Here, for me, then, was a "formerly well", now sick child from a sick environment. He had been forced into a state of self-deception as a survival strategy. This method worked well in his home, but because he had made it, or was making it his life-style, it was causing difficulty in the larger world, for him and others. Teachers and peers, those to whom and with whom he might have shared his guilty secret, were alienated by his, to them, inappropriate behaviours. His sister was too young to share his problems with. Also he didn't like her. He experienced his freedom only in his reactions, which were extreme. Lacking satisfactory outlets in the form of meaningful verbal communications, his emotional over-reactivity expressed itself psychomotorically, like an infant in distress whose limbs, whose entire body is a-quiver (As one learns to re-direct this energy, later, only one's lips quiver in overly-emotional situations).

1. My goals for the Client's health:

In the cubicle we shared a physical space, but the psychological trauma of the Boy dominated. Physically(in space) this was demonstrated by his taking up more than 50% of the available space with his hyperactivity, he "claimed" much of the space as his own simply by moving around, "staking it out" again and again. Psychologically (in time) the counselling hour was devoted to the Boy, and included my respect for his inability to share the hour focusing on anything other than himself.

My goal for health (in an interaction) is a 50-50 sharing of the time-space dimension, and, where otherwise, the inequality existing with the knowledge and consent of both partners. This is not to be gained by the lecture method, nor by intellectual insight shared with the client, but by a demonstration of it in a method which appealed first to the heart, and was reflected on (hopefully between counselling sessions) by the head.

Health: (Self-avowal)

The degree to which an individual avows, acknowledges, to himself or others, as his, his reactions to his total history, including his biological make-up or constitutional givens, his social status, and the interactions thereof. Healthy behaviour includes accepting and ignoring (coping with) events which unhealthy behaviour denies.

Lack of health: (Self-deception)

The degree to which an individual denies his reactions to his total history, a refusal to take responsibility (conscious awareness) for one's own reactions to one's own biology, or environment, or interaction thereof.

3. How I intended to strive toward these goals:

1. Meaningful communication: First, it was necessary to establish meaningful communication, which I regard to be contact between two persons (physical contact, eye contact, or verbal contact) which is permitted by both (there is mutuality) and which is meaningful to each (represents truthfully his reality) and to both (can be trusted to represent the other's reality). The initiating of this contact is voluntary (a manifestation of freedom of action).

2. Phases which evolved in establishing contact necessary for meaningful verbal communication:

1. Trust - Before I will let you HOLD ME TIGHT, I must make sure you will PUT ME DOWN and LET ME GO as I answer the inner call of my own authenticity.

2. Physical contact: (tactile) Before this contact is actually made it may include physical movement in the presence of the other as an indication of the need to: (1) make contact or (2) avoid making contact. It must be monitored carefully by the therapist in the therapy situation. This is the HOLD ME TIGHT stage.

3. Eye contact: (visile) This is very delicate contact, at first accompanying physical contact, and later affirming it. The contact comfort can be maintained as long as the person (therapist) is "kept in sight." this is the PUT ME DOWN stage.

4. Verbal contact: (audile) Verbal contact based on the mutual representational reality (of two persons) allows for the continuation of contact comfort through the spoken word (over the telephone) and the written word (by letter, in which case the reader both reads (eye contact) and hears (in his imagination) the other). This is the LET ME GO stage, one that does not imply leaving, but "closeness at a distance."

An individual is his past, his present and his future. But each time we look at him, we see the whole individual, both complete and incomplete, or both complete and unfinished. To the degree that we label him, or assign him to a diagnostic category, we halt the ongoing process of his humanness by denying him a future, or at least limit his future by our theoretical assumptions.

Because of this, I attempted to look at the process in terms which imply process, and not state (ec-static).

My specific goal was to help the Boy diminish his hyperactivity and increase his meaningful verbal contact.

My idea was that the hyperactivity would diminish with the avowal of andventing of hostility (his reaction to the restrictions on his authenticity); that the hyperactivity was a global, undifferentiated, emotionally over-reactive response to his world; that he expressed himself psycho-motorically because other outlets were not available to him; that he used language instrumentally because it was meaningless and not grounded in a physical reality of warmth and caring; that he desired meaningful emotional contact, but suffered from fear when about to make a move toward another; and that:

> AS HE MOVED ALONG A CONTINUUM FROM TRUST TO PHYSICAL CONTACT TO EYE CONTACT TO MEANINGFUL VERBAL CONTACT, HIS USE OF LANGUAGE WOULD CHANGE FROM INSTRUMENTAL TO REPRESENTATIONAL AND HIS HYPERACTIVITY WOULD DIMINISH.

General attitude to be expressed by counsellor includes:

1. The creation of a safe atmosphere in order to establish trust.
2. Progression at a pace suited to the Boy - i.e. let him take the initiative; respond to rather than raise issues (let that come from him).
3. Where necessary, suggest words to get the process started but not show offence when client corrects or paraphrases comment to "suit" or "fit" his experience, his authenticity.

Specific Phases:

1. Trust: Before he could trust me, and even though a safe atmosphere was provided (I knew this, he did not), I knew it was necessary that I accept the way the Boy demonstrated to me (by treating me as he had been treated) what the problem was. Without saying it, he was saying that if I could not understand that much, I wouldn't get to know any more. And, if couldn't accept that token of suffering from him, I could never understand how much he had suffered. He also had to, in this stage, establish whether or not, if he came close, I would later let him go.

2. Physical contact: The important thing here was that it be initiated by the Boy, or, at least, indicated clearly by him that he would permit it to be initiated by me.

3. Eye contact: Because this was so painful for him, it was important that I decrease the amount of eye contact to a level tolerable to him. This meant very careful monitoring, for it was one of the most sensitive areas.

4. Verbal contact: This, too, must be initiated by the Boy. In order to stop the flow of instrumental language and encourage representational language, I did not respond to him when he used: (either or both) (1) high speed chatter, talk for the sake of talking, and (2) airy, superficial flippant tone of voice, but did respond to issues when his talk was genuine (there were hesitations and pauses) and his tone deeper, more emotional.

4. What I expected to happen:

I believed, then, that the psychomotor overexcitability (hyperactivity) displayed by this Boy was an expression of emotion for which there were no alternative outlets. I believed that, historically, two vital elements were missing:

1. The child had lacked warm physical contact in his environment.
2. Because of this, he did not find words meaningful, had not grounded them in a reality of love and care.

I believed the hyperactivity to be a displacement of emotional energy through psychomotor outlets.

I expected the undeveloped expression of emotion to pass through three stages: (once trust was established).

1. Meaningful physical contact.
2. Meaningful eye contact.
3. Meaningful verbal contact.

The Boy spoke in two ways:

1. A high speed chatter seemingly without emotion.
2. A slower manner, with obvious emotion, and with hesitations and pauses.

In the first mode, I suspected that emotion was so strong for him (and sometimes unacceptable) that he could neither talk with it, nor about it. I felt that:

1. Ordering the Boy to stop his hyperactivity would increase both his emotion and his hyperactivity.
2. Requesting him to stop, at the same time encouraging. other outlets (physical, eye contact, verbal) would allow for the possibility of other manners of expression.
3. Physical contact would eventually reduce the hyperactivity though initially it might increase it, and especially if initiated by the therapist.
4. Meaningful verbal expression on the part of the subject would coincide with reduced hyperactivity.

5. What did happen:

This was determined by a re-reading of the case notes with a noting of recurring themes, and their progression. The themes were:

1. Hyperactivity.
2. Physical contact.
3. Eye contact.
4. Hostility: (to) parents, teachers, sister, peers, counsellor.
5. Feelings of failure, stupidity, inadequacy.
6. Subjects of sexual reference.
7. Girls.
8. Feelings of being different, schizophrenic, paranoid.
9. Making of, maintaining of first friendship.
10. Meaningful verbal contact.

The first three themes (hyperactivity, physical contact, eye contact) were non-verbal in nature. I simply noted the times they were an issue during a given counselling session.

Of the verbalized themes which recur, hostility seems to have been the most demanding of attention.

Next were: feelings of being different, schizophrenic, paranoid (his words), feelings of failure, stupidity, inadequacy, importance of friendship with "It"

Of minor importance were, I felt, the issues of (1) sex and (2) girls.

The final issue, meaningful verbal contact, is viewed in relation to both the verbal and non-verbal changes over the period of time the Boy was seen.

Still other issues which will be discussed later are:

1. Tears, and their significance.
2. Stomach aches.
3. Feelings of depression, and thoughts of suicide.

The following issues involved in the approach will be discussed:

1. Confrontation.
2. Haircuts.
3. Coffee sessions.

1. Hyperactivity:

The Boy's psychomotor overactivity, his hyperactivity, was a major complaint. It bothered his mother (telephone call between Interviews #4 and 5), his teachers, who found him "hard to take" and found his behaviour disruptive in the classrooms, and was considered by the counsellor who had seen him previous to me to be one of his (the Boy's) most obvious and difficult problems: (Interview #8: "He is still very hyperactive. It has become increasingly difficult to talk to him even for short periods, without him jumping on the table, pulling on the venetian blind cord, dismantling the microphone, etc.").

Interview #2: I told the Boy that, in order to discuss some of the problems he raised, it would be necessary that he remain seated and not roam around the room. He responded well to that, and tried very hard to remember, succeeding for about ten minutes. At that time, to allow for some release of the tension which I felt would result from holding himself still for too long, I suggested some role-playing, in which he very spontaneously "showed" me (he was a good mimic) his roles and others (parents, sister, teachers) as he perceived them.

Interview #7: The excessive hyperactivity displayed in this session seemed to be an act of hostility toward me, though I thought he was in a "ratty" mood when he came in, and transferred it to me. This was our first strongly negative encounter, for it was here that I became soundly angry for the first time. I remember how anxious I felt that I might lose him, because I was not sure he was confident enough of my love to bear my censure. The outcome was positive.

Interview #8: In this session, the hyperactivity was much reduced, a carry-over effect, I felt, from the previous session. However, when I asked him how he had felt the previous week when I had become angry with him, it immediately increased. During that hour, two topics emerged for the first time: (1) his hostility for his mother and father, and (2) sexual curiosity.

Interview #9: He sat still, of his own accord (no reminder or request from me) for 5 consecutive minutes.

Interview #10: Hyperactivity increased when I attempted to tape record the session, and, at the same time, administer several personality tests, in particular the Thematic Apperception Test (TAT). It seemed again a manifestation of hostility toward me and continued throughout the session. Once again I confronted him with his behaviour (second negative confrontation), suggesting he had been rewarded for being a "bad boy" for a long time. He didn't like that and let me know by continued playing with the microphone, something he knew I particularly didn't want him to do. I confronted him again on that. During this session to counteract the heightened tension (hyperactivity and hostility) I introduced some of his, at that time, favourite topics: (1) "It" and (2) sex. He was evasive and airy, his hostility continuing in a more subtle fashion. The combination of the taping and the testing was more than he could bear.

Hyperactivity seems to diminish and hold at a plateau which requires no mention until Interview #16, when I video-taped the session. This time, there was no accompanying hostility toward me.

Interview #18: During this session, when I was giving him feedback on the projective personality tests, and discussed the first time I had seen him, and how, later, when discussion of emotional topics seemed to cause him to move around the room, he said "And that's why you put on the appointment slip one time "Small cubicle with no distraction." Laughter accompanied this insight.

I note in Interviews #19 and 20 that his hyperactivity is much diminished.

Interview #25: Instead of our usual session, we had coffee this day with two of my colleagues. The Boy was courteous and sat quietly for almost half an hour, at which time he reverted back to some of the behaviours not seen for some time. He told me angrily, by his hostility toward me (blowing out matches, breaking a cigarette, tugging on my hand) that he wanted me to pay attention to him alone, and later, as we were leaving, he put his arm through mine as if to claim ownership. This was the first time he had been demonstrative in public.

Interview #34: Because of illness on my part, there had been a three-week interval between this and the last session. The hyperactivity increased, and again it was manifested as hostility toward me until I "remembered" somehow that he was angrily demanding that I 'love' him, which I did.

Interview #35: More hyperactivity at the beginning of this session, with the Boy banging the venetian blind against the wall. He noticed some scratches and wondered aloud how the came to be there. "From other little children doing that", I said, and he caught himself immediately and stopped. The energy was re-directed to verbal hostility (meaningful).

Interview #39: Hyperactivity increased when I was delayed and several minutes late for this session. This time he took it out on the secretaries, who told him off. He didn't like that, and tried to ignore it. I confronted him on it. He charged me with being like his social studies teacher, a terrible insult from his point of view.

Interview #41: He displayed some hyperactivity, but was aware of the need for it, and expressed that need. (He said, "I just had to do that!" as he turned the tape recorder off). It looked at this time as if that were to be our last session together, his father having demanded that the counselling cease. The first outburst was in response to my asking if this were indeed the case. Later, he expressed more when talking of his parents' quarrelling. During that session, however, when I reminded him that a year before he would not have sat quietly beside me, holding my hand, he replied: "No - I don't know - because I'd be too busy jumping on the table." That statement was followed by a laugh on his part.

Interview #42: Again, hyperactivity increased, and was linked with hostility toward me, because I insisted we spend most of our remaining time together testing. What he did not know was that his parents had permitted an extension of time for testing, and I was using that time to prepare him, as best I could, for the abrupt end of the relationship. I confronted him, and he quieted.

Interview #46: The final hyperactive episode was delightful. Someone in the room next to ours was flicking a light off and on, and this made the Boy very restless. I said to him, "You wish it were you, don't you?" (meaning, flicking the light off and on). He grinned and admitted he would like to see what was going on.

2. Physical contact:

Interview #9: It was two months before the Boy permitted me to touch him. During the ninth session, I took his hand. Before this time, his psychomotor activity in my presence was, I felt, similar to what Tinbergen (1974) describes as "conflict between two incompatible motivations", the desire for and fear of "the stranger." I felt sure enough to take his hand because he had indicated quite clearly that he would like to be closer physically by leaning his head quite close to mine,almost touching, and watching me carefully. At that time, I didn't move one way or the other, either toward or away from him. When I took his hand at his unspoken invitation, (he was sitting on the table, dangling his hand just above mine), although he was very moved, and probably frightened, he let it remain. His hand and arm trembled violently.

Interview #12: The Boy initiated physical contact by leaning his head so close to mine that it was touching.

Interview 13: During this session, he let his knee bump mine, seemingly accidentally, and then left it there, reached for my hand, leaned his head against mine.

Interview #21: Again, the Boy initiated physical contact, by moving his chair close to mine, and touching my hair. He said he felt like kissing me and wondered if I could imagine kissing someone like him.

I said yes. With that, he reached over and hugged me tightly and left.

Interview #22: He wanted to sit close again, pulling his chair over beside mine. He liked this better than sitting opposite me looking at me, which he still found painful when issues were emotion-laden. I noted that, if he satisfied his need for physical warmth and contact during the counselling session, he found it easier to leave. Previously, he had run back a number of times to say good-bye, and could hardly bring himself to go.

Interview #23: For the first time, he expressed no need for physical contact, and remained seated comfortably in his chair. It was this day he told me how warm my smile was for him.

Interview #25: He initiated physical contact in public, by putting his arm through mine, as if to establish exclusivity or priority or ownership. This occurred when he had to share my company with two colleagues.

Interview 28: He wanted to comb my hair (sometimes I couldn't trust him to trust himself to do this, because he would be overcome by hostility in the middle of this) but this day he was gentle.

Interview #29: I noticed that he now clung to my arm on our way to and from the cubicle where we held our sessions.

Interview #32: Increased physical contact, brought about by a crisis. He was in tears today over the incident, one in which his parents blamed him for an accident which happened to his sister.

Interview #33: I initiated the physical contact because he was so upset at being beaten up by his schoolmates. Again he cried, and was locked in his misery. He let me take his hand, but was too withdrawn and drained to respond at first. Eventually, within the hour, he recovered.

Interview #34: I had to initiate the physical contact again to overcome the hurt of the three week separation caused by my illness. Unable to understand for a while what was happening, I mis-read his cues to come close as "stay away", but, when I realized what was happening I overwhelmed him with warmth. He cried and told me how unhappy he had been, and how worried.

Interview #35: He took and held my hand during our public coffee session after the counselling hour.

Interview #36: I noted that he became overwhelming just before he left at the end of the session. In mock trouble, he fell against me, staggered, leaned, created any excuse for close contact, especially during our walk together down the hall to the elevator. My response to this was to hug him, which seemed to satisfy.

Interview #37: During this session, he expressed a desire to kiss me. I re-directed his energy by asking him about the two girls he sometimes tells me about. He was distracted by my question.

Interview #40: He was very loving and warm, pulling his chair over beside mine and leaning his head on my shoulder, saying he would like to "eat me up", to "sleep in the same bed with me."

Interview #41: He held my hand for most of the session. (At this time, we thought this was to be our last session). When I reminded him that when we first me he would not be doing that (holding my hand) he said "No - I don't know - because I'd be too busy jumping on the table." And he laughed. We both did.

Interview #43: Upstairs, in the counselling cubicle, he turned the light out and hugged me, expressing his need to be hugged. Later, downstairs, in the cafeteria, he put his arm around me. Though I thought this inappropriate, I did not indicate it, and he soon had enough and quit.

Interview #49: Though he kept his physical distance throughout the interview, he hugged me quickly once just before he left. By this time, he had attained a quiet dignity in my presence, and only occasionally needed to be physically close, and then for short periods of time.

Interview #50: In this, the last counselling session, while he held my hand for some time during the session, he avoided other physical contact, and was particularly controlled, though white-faced, on parting.

3. Eye contact:

Particularly adept at the quick and elusive glance, the Boy initially avoided prolonged eye contact.

Interview #1: Although he looked at me a number of times during this first interview, his glance slid away when mine met his. Only once, at the end of the session, and after he had tested me with a mathematic question (an I.Q. test, I suspected) did he look long and hard at me.

To avoid looking at me during the early sessions, he would: walk around the room, look out of the window, sit under the table, lie curled in his chair staring at his hands, or simply look down or away to the side.

Interview #13: It wasn't until this session that I commented on the increasing frequency of his eye contact.

Interview #14: This was a painful session for the Boy. He had brought in his report card, at his mother's insistence, and, fearing my disapproval, even condemnation, he hid behind a large microphone which he set between us for almost the entire session. He wouldn't discuss it except to say that he didn't want me to see his eyes. We talked about other things. Toward the end of the session, I made an effort to move the microphone, and asked him why he didn't want to look at me, and why he didn't want me to look at him. He said that I was constantly staring at him, and asked me if I was looking for something. When I said I was not, he was obviously relieved. I let him know how I think people make contact with their eyes, and how I could see that he is very sensitive and easily hurt. I also observed that that when my looking at him bothered him, it appeared to be a sign that we were on to something emotionally painful, and meaningful to him. He admitted he could not look into someone's eyes if he had not been quite truthful.

Interview #15: His new friend "It" had clenched his fist at him, and by so doing, had hurt the Boy's feelings. When telling me of this, he shouted at me "Don't look at me!" and kicked a chair to emphasize his point. He was close to tears for much of that session.

Interview #17: In spite of video-taping, he forgot his "audience" and became involved in the discussion. There were tears again when he talked about a schoolmate bruising him. Several times during the interview, overcome by his feelings, he hid his eyes and demanded I stop looking at him.

Interview #18: During this session, which was tape-recorded, I asked him, rather indirectly, how come he could never sit down, had so much tension, and he said "Because for one thing, you're always looking at me."

For the next sixteen (16) sessions, eye contact is not an issue.

Interview #34: This was a painful session, during which there was almost a re-run of the entire relationship to-date, involving much physical contact, eye contact, and meaningful verbal contact.

Interview #40: He referred to his father's demands for the Boy to: (1) Look at him and (2) Not look at him, when he was scolding him. At the same time, he said his father was "paranoid, very paranoid."

Interview #41: This was a very painful session, one we thought might be our last. When discussing this, he shouted at me to quit staring at him. This was early on in the session. Later, when he was asking me if he could come and live at my house, he again shouted "Quit staring at me!" During this same interview, he asked if he could dim the lights, saying "that way I don't feel so paranoid."

Interview #49: We knew at this time we would soon not be seeing each other again, and I suggested telephone conversations as a way of maintaining contact, but the Boy said it was necessary to see one, that telephone conversations were unsatisfactory.

4. Hostility toward, (1) parents, (2) sister, (3) teachers, (4) peers (5) counsellor:

The admission and verbal expression of hostility toward his mother and father, his sister, his teachers, his schoolmates, and myself was a major theme throughout the counselling period. At first, I suspected that the Boy was angry with everyone in his environment - I found no one toward whom he was not hostile. During the course of therapy, he established his friendship with "It." Only twice, in Interview #17 and 35, did he express angry feelings toward "It."

It seemed to me that he was angriest at his mother, and next angry at his teachers. His father, because of his "sickness", was in a category by himself, I felt. Somehow, his hostility toward his sister and his peers was a by-product of his mal-functioning parent and teacher relationships. I felt they were not primary hostilities but of a secondary nature. He acted out his hostility toward me by: (1) an increase in hyperactivity in my presence early in the therapy period, and (2) later, when we had established physical contact, and eye contact, by an angry tugging at me or a demand for me to stop looking at him.

Interview #4: This session was video-taped and viewed by a class of graduate students through a one-way mirror. Although this was done with the Boy's permission, the first thing he did upon entering the room and ascertaining (by peering through the window) that the students were there was to close the curtains to the viewing room. That was a token gesture, because he made no objection when I opened them. Later, when talking, he deliberately made his voice weaker and weaker, so that the students would have to strain to hear, and would then jump up and shout into the microphone (hidden in an array of styrofoam cups) "Did you get that?" He spoke to these unseen students in an arrogant fashion, and, once, after indicating that a topic of interest was about to be aired, said "Get your notebooks and pencils and prepare to write, write, write!" He showed no hostility toward me during that session, and, after the session, went of his own accord into the next room where he talked, though somewhat guardedly, but of his own initiative, to the students.

Interview #7: Displayed hostile behaviour to me, why I knew not. I confronted him strongly and negatively for the first time. This was an early "critical" point in the session.

Interview #8: He expressed hostile feelings toward his mother and father both of whom, he said, thought he had a dirty mind.

Interview #10: He acted out hostility toward me today because I (1) tape-recorded the session, and (2) administered several threatening (to him) personality tests.

Interview #14: He expressed hostility toward peers, in particular a girl. The incident was current. In the same interview, he expressed his hostility toward his sister, and described his reactions toward her when she was a little child. Shortly after, he expressed hostility toward his mother, who used to, he claimed misunderstand what was happening between him and his sister and resort to violence. He showed hostility to me by being superficial and airy in the following discussion about love, expressing cynicism. When I probed, and pushed too far, he shouted at me: "Can we quit this?"

Interview #15: He made hostile reference to peers, again the incident was current. On his way to the clinic, two schoolmates, boys, hit him with tennis rackets when he went by on his bike. In the same breath, he claimed "Adults don't care!" referring here to: (1) his mother, (2) his father, and (3) his teachers and the school principal. He recounted an incident in which, because he lacked his parent's support, he phoned the principal, impersonating his mother, to lay a complaint about one of his recent beatings, and was caught and punished for lying.

Interview #17: He expressed hostility to peers; a boy gave him a big bruise in a fight, and "It", whom he hated right now because he ("It") didn't love him, and his mother, who had threatened him too much with the strap in his lifetime, and finally his teachers, whom he referred to as "people who talk sweetly and don't mean it."

Favourable comments: For the first time, he talked with pleasure about a recent party he had attended with peers, and a young woman counsellor, new at his school, whom he was now talking with and enjoying.

Interview #20: He expressed hostility toward his father for making him sit so straight at the table, but, at the same time, showed that he was trying to understand, and the tone was not quite so hostile as it had been in the past. In the telling, however, he became angry at his father again and lost his objectivity.

Interview #22: He made hostile references to his parents and to his sister, whom he feels is favoured by his parents.

Interview #23: The Boy expressed hostility toward: (1) his sister when discussing the Family Album, which he said should be called "The Girl's Album", and toward (2) me, by leaping at me and cutting a little bit of hair with a pair of blunt children's scissors. He knew he was going to be censured, and tried to ward it off, but I reprimanded him, and the issue was resolved shortly.

Interview #26: He expressed hostility toward his sister and the thought of riding with her in the back seat of the family car for three weeks during vacation.

Interview #27: Hostility expressed toward (1) his father - "he drove like a maniac" (while on vacation), (2) his mother - "she was crabby all the time." His parents had insisted he take a shower, in a motel, and his father, when fed up with the Boy's fear of a spider he saw in the shower, forced the Boy into the shower, banging his head against the side of the shower cabinet.

Interview #29: Favourable comments: Back to school and references to new teachers indicated that the Boy is more positive and optimistic about the year to come.

Interview #30: Hostile reference to mother who has been short-tempered with him while preparing for guests.

Interview #32: Hostile reference to parents regarding an accident his sister had been involved in. He said his mother wanted me to call so she could tell me about this accident. A lot of hostility was vented during this session toward his parents, father and mother.

Interview #33: He expressed hostility toward: (1) peers - he had been beaten up again by his schoolmates, (2) parents - he hadn't bothered to tell his parents - What's the use?" He appeared to be moving into a depression.

Interview #34: Hostility expressed toward me, (after a 3-week separation because of illness) by tugging at my hair, squeezing my wrist hard. He expressed hostility toward his mother to a degree not expressed before, saying he would like to kill her, wondering if he would be imprisoned for life, and saying it would be worth it. Depression obvious again.

Interview #35: Expressed hostility toward both his parents when asked which parent he thought himself like. He replied vehemently, "Neither!" Hostility toward father, with some compassion for his father's nervousness.

Interview #36: Hostile reference to one teacher in particular, his social studies teacher, whom, he claimed, was "driving him crazy"; to me when I asked him how come he wrote poetry for "It" and not for me; (I had done this light-heartedly, and he replied "Now, don't you go getting like Mrs. S."(social studies teacher)); to a colleague of mine who stopped by our table when we were having coffee.

Interview #39: I was late. He was hostile to me for being late and took it out on the secretaries, who let him know they were annoyed with him. (They told me this.) I asked him if he did not pick up this response to his behaviour, and he was hostile to me again, saying (prime insult) that I was like his social studies teacher (got us both with one blow). He expressed hostility toward his father, who was in hospital for tests for his headaches. This expression was accompanied by tears, but he quickly added he'd be glad because he'd only have one parent at home, indicating hostility toward his mother as well. We discussed possibility of ending sessions and he expressed (verbally) annoyance at me for making the continuation of the counselling his responsibility.

Interview #40: He said his sister was very cruel to cats. (expression less hostile, and more matter-of-fact).

Interview #41: A troubled session, and one we thought might be the last. The Boy expressed hostility toward his father, for making him sick at the table by the noises he made (demonstrated how his father ate his soup) when eating. Hostile reference to mother re: favouritism to his sister, especially when she is playing sick. He expressed hostility (by behaviour) to me when I disagreed with him on how to learn to type. He blew into the microphone. (One of his old favourites). It was over in a second. Hostile reference to mother and father for how they speak of me, how they urged him to get friends his own age, but don't approve of what people his age do. Hostile reference to teacher (social studies) for her attitude toward him and his ongoing detention. Hostile reference to mother for her demands that he have girl friends flocking around the door, I suppose to prove his popularity, when he was in about Grade 3. Another hostile reference to his mother for her favouritism of the girl, and hostile reference to his sister. Because I thought this the last time together, I probed more than usual in this session.

Interview #44: Re: peers - the Boy was developing some understanding of why peers didn't like him. They picked up his real feelings for them which were usually ones of disgust.

He said he hated his sister enough to be not nice to her, the boy who beat him up at school (peer) and his social studies teacher.

(note: parents not included.) He added (favourable comment) the reason he liked me was because I had never tried to control him, even with "vibes", not even once.

Interview #47: He made a hostile reference to his sister for stealing things from his bedroom, and to his mother for ignoring this, and to his father for excusing the girl on the grounds that she was "just a baby." A few minutes later, he made another hostile reference to his father, for always "jumping down his throat." He also admitted that his father embarrassed him.

Interview #48: Expressed hostility toward both parents, whom he'll be glad to get away from if he goes to hospital for examination. He talked of his father's hostility for the psychiatrist and myself. ("I'm going to kill her"; - then denied his father said that a second later).

Interview #50: He expressed hostility toward parents for eating supper before taking him to hospital for stitches after he cut his head. He expressed acceptance of (or resignation to) his lack of popularity in his peer group.

5. Feelings of failure, stupidity, inadequacy:

Before I began to work with the Boy, he had expressed feelings about himself to the male counsellor. He thought he was: (1 a runt, (2) unliked by peers because of: haircut, clothes, (3) a "mo" (he thought the kids thought he was a "faggot"), (4) thought he had a big nose, and ugly breath, (5) thought he was a "cripple" at sports.

Interview #2 He couldn't see why his mother saw his hair as greasy when he couldn't see it, but doubted his own perceptions.

Interview #3: He perceived himself as schizophrenic, doing "silly things."

Interview #8: He said he liked me because I didn't think he had a dirty mind, a thought which he obviously had about himself.

Interview #14: He felt very bad about his report card, which his mother insisted he bring and show me. He filled in the first self-report test, in which he admitted for the first time he considered himself intelligent. Till then, he had denied it. He expressed fears he would have to repeat Grade 8. Toward the end of the same interview, he confessed to a problem in which, when something sad happens, he laughs though he doesn't think it funny, and people around think he's unusual.

Interview #19: He expressed fears that his father was not "quite right." He also expressed a fear as to what would be the results of excessive masturbation,thinking it to be physical injury.

Interview #20: He was surprised (indicating feelings of inferiority) to think I had taken the time to play both sides of a tape he had recorded and given to me. "You mean you heard both sides? Completely?"

Interview #21: He discussed the fact that the girls don't like some of his behaviours. He indicated that he was trying to gain control so he would be more liked. Expressed an extreme fear of dentists. The family dentist made matters worse by comparing the Boy unfavourably with his sister.

Interview #27: He expressed feelings of shame that he was so frightened of the spider in the shower; also shame that he was so frightened when he was alone in another big city during his vacation.

Interview #28: He was upset because the boys at the paper shack teased him and called him a "fairy." The two girls he liked invited him over and then teased him about "having sex." He expressed the fear that he "wore me out", a confidence his father had revealed to him.

Interview #31: He suffered guilt from "picking up" a magazine which was not his, while on his paper route. He suffered in the public shower at school felt the teacher "stared at him." Later he said he found some boys to be as attractive to him as girls, and wondered if that made him a "fag." In the cafeteria, he thought people liked to listen to his conversations as much as he tried to listen to theirs.

Interview #33: He asked for honest feedback - and "skip the "bright" and "sensitive." He had just been beaten up again by schoolmates.

Interview #34: (after a 3 week break) He felt dejected about his science project, which he couldn't even get started on. After our confrontation, he admitted how worried he had been (about me), unable to study and concentrate. He mentioned thoughts of suicide. Depressed.

Interview #35: He expressed the fear that he needed a haircut, that his hair was too long. Also (Favourable Comment) he overheard a clerk in a store describe him as "looks pretty big to me." That made him feel good. He brought his report card again, and this time he didn't feel as bad as last time. He expressed a felt need for meditation to help him cope with his nervousness.

Interview #36: He tried to avoid the issue of the poster he had taken from a department store. In order to do so, he talked non-stop for twenty minutes. Admitted, when confronted, that his father had looked more hurt than angry.

Interview #38: Depressed.

Interview #41: During this session, which was a crucial one, he expressed his feelings of inadequacy in action more than in words, reverting back to some of his old behaviours, such as shouting at me to stop staring at him, touching things to be annoying, changing the topic rapidly and unexpectedly. He expressed his fears about his inability to finish his school projects, catch up, and get on with a new one, which he did not want to do. It was all too much. He talked again of suicide.

Interview #44: Obviously depressed.

Interview #47: Very pale, obviously ill, depressed. (Between this and the next interview, he saw the psychiatrist and readily admitted he considered suicide at least twice a week).

Interview #49: Tried to understand his father.

Interview #50: Depressed. It was obvious, and he talked of it.

6. Subjects of sexual reference:

Before I first saw him, the Boy had expressed his fears to the male counsellor that the other kids thought he was a "mo", a young faggot, a homosexual.

Interview #8: The first expression of sexual curiosity, and this one was indirect at first. He said his parents thought he had a dirty mind. (Before that, he had said he liked me because I didn't think he had a dirty mind). His mom always said "Clean up your dirty mind!" I suggested we center the next day's discussion around this topic so he could discuss issues which might be bothering him. He immediately asked one of the troublesome questions, which I answered in a forthright fashion.

Interview #9: Although this was the day we had set aside for discussion of topics relating to sex, he said there wasn't much he didn't know. Immediately after, he asked me a question, but then stopped me from answering by saying he knew the answer. Because I had suggested we let this be the topic of the day, I waited to see if he would initiate the discussion. He did not, and so I did, but he was not interested.

Interview #10: He displayed some curiosity about sex, revealing he had a wide range of vocabulary in the area and a seemingly wide range of knowledge. However, many of his "facts" were incorrect or distorted. Because he was so hyperactive and obnoxious, I introduced the topic, hoping to channel some of the energy. At first he avoided by telling me a joke, then he displayed his knowledge of and curiosity about prostitutes, in his own special way, still avoiding the real issues.

Interview #13: In this session, he indicated he did not think little children should discuss, or even know about sex too casually or easily. He told me how he would raise his children, telling them something of it at the age of 13, "if they were bright."

Interview #14: He told me of a dream with sexual content. This was in response to my suggesting that some of (or a lot of) his energy went into side channels such as this instead of into his schoolwork. In the same session, he asked me what I thought his "It" was, and I said I thought it was, or that he was referring to his genitals. He said, "If I meant genitals, I would have said genitals!"

Interview #19: He asked about the possibility of physical injury from excessive masturbation. I set his mind at rest.

Interview #28: He told me that the two girls he had liked (both intelligent, said the school counsellor, and they liked him in turn for his intelligence) had invited him over for the evening. Then they teased him, verbally, about "having sex." What brought this on, I think, was that the Boy, without too much encouragement, explained to the girls, when they said they did not know,all about their menstrual cycle. I suspect they were "putting him on."

Interview #31: He talked of his sensitivity in the public shower at school, and said the teacher stared at him "as if he didn't have one of his own." He admitted he found some boys as attractive as girls and wondered if that made him a "fag." He said he'd never dared tell anyone and this was not a recent awareness, but something he knew about himself since about 5 years of age.

Interview #41: He mentioned that if "It" would say "Yes, dear" to him, people "might think we're a fruit." In the same interview, he asked "Does a lady have to wear a sanitary napkin even at night-time?", but this, I think, was one of his old ways of throwing the heat off him and onto me.

7. Girls:

Interview #2: He indicated that he had a number of problems to discuss, one of which was that, of the two girls he knew, the one who liked him he didn't like,and the one he liked didn't like him.

Interview #3: He talked about a party he was at, where the boys and girls played a kissing game, which had obviously been fun for the Boy. When I tried to delve a little deeper into his feelings, he avoided responding.

Interview 14: He talked of a girl who had teased him at school. She had upset him, and, unable to handle her veiled hostility, he refused to forgive her when she apologized, because he did not think she was sincere.

Interview #21: With some insight, the Boy talked about the fact that the girls don't seem to like some of the things he did (i.e. waving his hands in front of the movie projector during the showing of a film). He decided to try to control himself to gain the girl's favour.

Interview #28: Two girls, more intelligent than the others, who seemed to enjoy the Boy's intelligence, had invited him over for the evening. Pretending they did not understand very much about puberty, they asked him to explain. Thinking them sincere, he did, going to great lengths to make sure they were as well-informed as was he. It seemed as if they were "pulling his leg", but he did not perceive that.

Interview #35: He displayed a more positive attitude toward girls by saying that the same girl who had provoked him back in Interview #14 had recently jokingly said to him "You know what? I'm pregnant, and you're the one who did it." He was obviously pleased, and thought she was joking in a friendly manner.

Interview #41: When talking about his mother, he recalled an incident which occurred back in about Grade 3, in which his mother, concerned about his popularity, demanded he have girls flocking to the door for him.

8. Feelings of being different, schizophrenic, paranoid:

Interview #3: While lying curled up in a foetal position in a chair, holding the microphone and talking quietly into it, the Boy confessed to his fears that he was schizophrenic. I felt he was telling me the "truth" about himself. In a somewhat detached manner he described in what way he considered himself to be schizophrenic, and indirectly expressed his fears of: (1) being found out, and (2) being institutionalized.

Interview #21: During this session, he mentioned his "touchy stomach", that he was easily upset by foods, for reasons he didn't understand. He attributed it to his mother's cooking.

Interview #27: He mentioned that, before returning from holidays, and while spending a week with friends of the family after his family had returned home, he felt frightened and alone while travelling by bus in the strange city, and he felt that everyone on the bus was staring at him.

Interview #31: While we were having our coffee time together after the session, he mentioned (I had noticed this before) how he still felt as if people were staring at him. He suspected they were trying to overhear our conversation because he always tried to overhear others' conversations. He noted, with a laugh, which he didn't quite carry off as unconcerned, that "over-listening" was one of his favourite hobbies.

Interview #35: I noted that, for the first time, he had no feelings of paranoia in the coffee lounge, allowing himself to hold my hand in full view of others, and seemingly unconcerned. During the session, however, he had sung me parts from the album Black Sabbath, Paranoid.

Interview #41: He asked if we could turn out the lights because that way he "feels less paranoia." This was expressed directly and consciously. A few moments later, he talked of how he thought everyone was staring at him when he came to my office, which was a new location for him.

Interview #42: He was pale-looking and complained of a stomach ache which he thought was caused by his mother's cooking.

Interview #44: He noted that his stomach ache attacks were becoming more frequent and were follwed by extreme fatigue. In a telephone conversation shortly after, he said he was learning how to relax, sometimes, and get control over his stomach aches with his brain, but that was not always a dependable method.

Interview #45: He confessed, in the coffee lounge "I feel so paranoid today."

Interview #47: Again he was pale and said he had just had another appendicitis attack or "whatever it is."

Other references to paranoia

Interview #40: The Boy said "My father is paranoid, very paranoid." As an example of this, he said that, when disciplining the Boy, the father demanded the Boy look at him, and when the Boy did, he demanded he stop. He said his mother was paranoid too, but said it with less conviction.

Interview #41: He said, "Paranoia is when you think everyone is looking at you. But when everybody is looking at you, that's fact."

In the telephone conversation with the psychiatrist, he (the psychiatrist, second conversation) said that the Boy, in telling him that his father was paranoid, was correct: "His diagnosis was accurate", he said. However, the Boy told him his mother was paranoid too, and she, the psychiatrist said, was not.

9. Making of, maintaining, and sustaining first friendship:

Although he is referred to as "It" throughout the study to protect his identity, this young man was referred to as "It" originally by the Boy; this was followed by a nickname, in Interview #17, and finally his name, in Interview #31.

Thus, "It" was first mentioned in the 10th interview, kept private for the next seven interviews, and semi-private until the 30th interview.

The formation of this friendship was particularly important to the Boy, and to the health of the Boy, because it was the first genuine relationship he had ever been in.

Interview #10: The Boy mentioned his new acquaintance, "It" and surrounded him with a aura of mystery. He seemed to be carefully guarding the friendship. Because he was so obnoxious that day, I did some probing, and one of the topics was "It." He kept his guard up so I changed the topic.

Interview #14: The Boy asked "It" to get him some hashish, but "It" said no, because his brain had not fully grown yet.

Interview #15: This was the first sign of upheaval and misunderstanding in their relationship. The Boy (in fun) locked "It" out of the house (it was now obvious that "It" rented a room upstairs in the Boy's house). In response, "It" clenched his fist at the Boy, who found this terribly distressing. Because of this (to him) threatening gesture, the Boy didn't dare leave the house until his mother came home.

Interview #17: He hated "It" right now, because he thought "It" didn't like him. He said "It's" a fruit!"

Interview #31: The Boy talked once again about "It", saying he was a "weird character" because he always seemed to be in a bad mood, and never thought of the Boy's rights, thought he could do anything he wanted to. I asked him for an example of this behaviour, and the Boy told of when "It", during a rough-housing session with him, let him drop unexpectedly. This had hurt in more ways than one. Again I probed for more information about "It" but he deflected the course of the conversation, guarding the exclusivity of the friendship.

Interview #41: I asked about "It", and the Boy told me that his parents have forbidden him to go up to his room because they are afraid he (the Boy) might be meditating. He wasn't outright forbidden, but they let him know they did not like his going up.

In the same interview, he mentioned that "It" sometimes said "Yes, dear" to him. When I mentioned how unused we are to hearing that in our society, he said, that if people heard they'd probably think "we're a fruit if we do that." (laughed).

Interview #42: He mentioned that "It" had given him Jonathan Livingston Seagull to read, and that, though he (the Boy) didn't find it as exciting as "It" did, he tried to enjoy the book.

Interview #50: He mentioned that "It" let him use his tape recorder.

Additional Notes:

Because he and the Boy talked and discussed issues of importance to both of them (some of which involved the Boy's social studies assignments) the teacher objected, to the Boy's mother, about the conversation, saying "It" was influencing the Boy too much and making him question the teacher's word. The Boy tried to assure the teacher he asked questions of everybody, not just her, but she did not believe him.

A short while later, in a telephone conversation with the school counsellor, the counsellor told me she understood "It" had been telling the Boy that "teachers are rotten." I told her that apparently the teacher had phoned the parents and asked them to clamp down on the relationship between "It" and the Boy, and not let "It" influence the Boy so, and apparently they had done so. I told her it was my opinion that "It" was not a bad influence on the Boy.

In between Interviews #40 and 41, "It" came to see me about the Boy, saying that the Boy's father said the counselling must end, but that the Boy intended to sneak out and see me, he had said to "It." The Boy told him that he was afraid of his father. The Boy was very quiet and subdued recently. The home was very tense, "It" said, and, when the father was home, he was after the boy "every five minutes." "It" felt the Boy was emulating and imitating him lately.

Shortly after, the mother phoned and complained that "It" was a bad influence on the Boy. I said that, from what I knew of him, this was not my opinion.

Just before our last session, "It" phoned again and said he had had a five hour discussion with the Boy's father. He felt he was his friend, but mainly because he had convinced the father of his (the father's) superior intelligence. He mentioned that the father was very angry with me.

10. Meaningful verbal contact: (the progression from the instrumental to representational use of language.)

Issues of genuine concern were, I believe:

1. Hostility toward parents, teachers, sibling, peers.
2. Feelings of being different, schizophrenic, paranoid.
3. Feelings of failure, stupidity, inadequacy.
4. Importance of friendship with "It."

Issues of minor importance were, I believe:

1. Sexual curiosity.
2. Girls.

Non-verbally, the progression was from trust to physical contact to eye contact. During this progression, hyperactivity decreased and meaningful verbal contact increased. Language, at first used instrumentally, was one of the manifestations of hyperactivity or psychomotor overactivity. As the hyperactivity level decreased, emotion was expressed first physically, then affirmed by eye contact, and finally, representationally in the language used by the Boy.

Tears were an important indicator of the melting of the defences. I would expect meaningful verbal contact following tears. (See interviews #15, 32,33).

Interview #12: Was the first noting of the difference in the Boy's two manners of speaking: "His voice often has a "put-on" sound to it, whenever he is conscious of the effect he is having on others (which is just about all the time). As time goes by he speaks more and more naturally, and the "put-on" sound is there less and less."

Interview #13: In his genuine way (an intuition on my part that he is affirming, emotionally, what he says, not just talking for the sake of talking) he asked, "How long do I get to see you anyhow?" When I said that depended on him, how long he wanted, he replied, emphatically, "That will be forever!" In the same interview, I noted that his eye contact was more frequent, along with increased physical contact, initiated by him.

Interview #14: He indicated that he knew what I wanted of him (in terms of communication) when he caught me up and showed me how, when he said something, he meant that and nothing else. Which was not yet precisely the case, as a matter of fact, but the negative of the example was well suited to his purpose, that of letting me know he knew what we were doing. At the end of that same session, he made meaningful verbal contact when telling about his tendency to laugh at odd times, and how others regarded him as unusual because of that. I almost spoiled it by pushing him too far with questions, and he shouted for me to stop, "Oh, can we quit this?"

Interview #15: Tears, followed by meaningful verbal contact. During this time (following tears), he told me much of his history of beatings by schoolmates and misunderstanding by parents, teachers and principal, and his feelings of helplessness and hopelessness in the situation.

Interview #18: During this session, when I gave the Boy the feedback from the results of the projective personality tests, we touched right on some sensitive areas, with the Boy making preparatory efforts to escape if necessary (with his old manner of detached speaking). A short while later, he laughingly (but meaningfully) made a self-observation, reminding me of the time I had put on his appointment slip "Small cubicle with no distractions." This was in response to my talking to him about his psychomotor restlessness.

Interview #19: He initiated, right at the beginning of the session, meaningful verbal contact, expressing one of his greatest worries, that his father was not "quite right." He mentioned two other issues at the same time but I felt those were covers in case the first topic got too hot. (Other issues were: (1) his mother's anger at his poor school performance, and (2) fear of physical injury from excessive masturbation).

Interview #28: He had to check with me if I had really told his father that he "wore me out." This was very painful for him, and I did not avoid the issue, but indicated that the problem was now in the past, to his relief.

By this time, he was making meaningful verbal contact most of the time, but I still noted it as exceptional at times.

Interview #32 and 33: Were both sessions in which there were tears, and, in each case, this was followed by meaningful verbal contact, once in reference to recalling how his parents treated him when he was young, the other when he faced the hopelessness of his situation in relation to the beatings he got from his schoolmates.

Interview #34: This session was very interesting because, after the three week separation from me, he reverted and went through the entire series of steps he had taken since I first met him: (1) distrust, (2) obnoxious hyperactivity (with hostile elements) (3) physical contact (initiated by me) (4) eye contact, and (5) meaningful verbal contact. It was like a capsule comment on progress to-date.

From this interview on, meaningful verbal contact became the order of the day. Only under varying degrees of stress did he fall back, but never so far that he couldn't recover the ground he had gained.

Summary and Analysis:

General:

As the hyperactivity diminished, and the Boy moved along a continuum from trust to physical contact to eye contact, the use of language changed from instrumental to representational, so that verbal contact, initially a manifestation of hyperactivity, became, in the absence of hyperactivity, meaningful verbal contact, a manifestation of the Boy's authentic self, his "truthful" share in the mutuality of the authentic encounter.

Hostility, the major theme, verbalized and un-verbalized, appeared to be greatest toward his mother and father, with his father occupying a special category because he was "not quite right."

The teachers in the Boy's life elicited the next greatest amount of hostility, representing "wardens" out to make his life miserable.

It seemed to me that his hostility for his sister and his peers was not of a primary nature (coming from his heart) but had been created as an off-shoot, a by-product of his mal-functioning relationships with his parents and his peers. It was greater for his sister than for his peers.

His hostility toward me changed from non-verbal displays to verbal indirect, to verbal direct.

Only twice did he express hostility toward the friend named "It."

His hostility, at first difficult to admit to, was displayed non-verbally for the first seven (7) interviews.

It wasn't until the eighth (8th) interview that he verbally expressed his hostility toward his mother and father.

In the fourteenth (14th) session, he expressed, verbally, hostility toward his sister and his peers.

The venting of hostility allowed for the release of positive feelings, and in the seventeenth (17th) session, he made his first favourable comments, directed at peers and a female counsellor.

In the twenty-ninth (29th) session, he made a favourable comment about his teachers.

He showed extreme hostility toward his mother in Interview #34, saying that he would like to kill her, wondering if he would be imprisoned for life, and saying it would be worth it.

In the next session, Interview #35, although he expressed some hostility toward his father, he also showed some compassion for his nervousness.

By the fortieth (40th) session he was becoming more objective about his sister.

In session #44, he expressed another favourable comment about his peers, at last no longer deceiving himself about their ability to pick up, from him, his feelings of disgust for them. In the same session, he indicated precisely why he liked me, and it had to do with this same deep layer of communication, one which he called "vibes."

Over time, from a position of being unable to verbally express his true feelings about most of the significant others in his environment, the Boy moved to a position where he could express his true feelings. (including his positive ones where they existed) and began to exercise a more conscious control over the negative feelings.

It seemed, on looking back, that he had been in a state of agitated depression, hostility (his reaction to limitations on his freedom, his authenticity) the fuel for the overworked motor (his hyperactive body). Reduction in hostility (through verbal expression and self-avowal) accompanied by reduced psychomotor activity, revealed the true depression (Interviews #33 and 34) also verbally expressed by the Boy as suicidal thoughts (Interviews #34, 41, 45).

Feelings of being different, schizophrenic, paranoid:

As early as the third (3rd) session, the Boy expressed his fears of being considered schizophrenic, and, indirectly, his fears of institutionalization. He expressed his feelings of being different, and linked that with some factual information relayed to him in a class at school.

Interview #21: He mentioned his "touchy stomach", which he linked with his mother's cooking. They (stomach aches) became more frequent and more severe over the 15 months, but he didn't complain of them again until the forty-second (42nd) session. Shortly after, he told me that he was beginning to get some control over his stomach aches with his brain, but that this was not yet a dependable method.

His feelings of paranoia were expressed in his feeling that everyone was staring at him. (Interviews #27, 31 , 41, 35). In the fortieth (40th) session, he indicated that he knew what the word "paranoid" meant, and how to use it. In the forty-first (41st) session, he asked if the lights could be dimmed because that way he felt less "paranoia." In the forty-fifth (45th) session, he confessed "I feel so paranoid today."

Feelings of failure, stupidity, inadequacy:

It was obvious from the beginning that the Boy had a bad opinion of himself, and that this opinion had been expressed to him by others and taken to him as his own. He saw himself as a "runt", as did his peers, suspected he was a homosexual, as did his peers, thought he had ugly breath, as did his mother, thought he was a "cripple" at sports, as did his physical education teacher and his peers, thought he was unintelligent, as did his mother, thought he was a sissy, as did his mother, thought he was incapable of doing better at school, as did his teachers.

He was very upset about his poor performance at school, and revealed this in Interview #14 when he brought his report card, at his mother's insistence, to show me.

Interview #19: He expressed his fears that his father was not "quite right." I think this was one of his deepest concerns.

By the twenty-first (21st) session, he showed some ability to perceive what the problem was with the girls who didn't like him, and resolved to correct the things they didn't like about him so that they would like him.

He was ashamed of his extreme fear of dentists (Interview #21) and his extreme fear of spiders (Interview #27) and his fear of being alone in a strange city (Interview #27).

I believe that, over the course of the counselling, the Boy's feelings of inferiority changed from feelings of inferiority toward others (he measured himself by an external social standard) to the beginnings of inferiority toward himself (measuring himself against what he was capable of).

This was accompanied by feelings of depression (Interviews #33, 34, 38, 44, 47, and 50) and suicidal thoughts (Interviews #34, 41, 45), as he deeply questioned his ability and desire to survive in the world.

Subjects of sexual reference:

Girls:

Making of, maintaining and sustaining first friendship:

Though put forth by the Boy as two of his problems, I felt the first two topics (sexual curiosity and girls) were of minor importance in his hierarchy of problems.

Sexual topics: An examination of the data indicated that sex as a topic of interest appears in the eighth (8th) session, is discussed in the 9th, 10th, 13th, 14th, 19th, 28th, 31st and 41st sessions. It seems to have been of prime importance from the 8th to the 14th sessions during which time the Boy came to terms with his "dirty mind", corrected some erroneous information he had about how babies were born, displayed some of his knowledge about the menstrual cycles of females and asked for some information about the going rates for prostitutes. By Interview #13, he seems to have satisfied his curiosity, stating he now knew how he would handle the problem of his own children's sexual education.

His secret concerns that he was a "fag" arose again in the 31st session, but by the 41st, he seems pretty comfortable with the way in which he and "It" exchange warmth.

Girls: Though important, it was more important, I believe that the Boy learn how to get on with his peers in general, boys and girls, than girls alone. The girls who liked him, and whom he liked in return seemed to like his intelligence (according to the school counsellor). He seemed to have enjoyed a kissing game at a mixed party (Interview #3) but was more concerned (Interview #14) with understanding a girl's verbal message when it appeared to him to be ambiguous. I think "girls" as a problem was part of a larger problem, which was "What do people mean when they talk to me?" Girls were mentioned in interviews #2, 3, 14, 21, 28, 35, and 41. None of these discussions were particularly emotional, nor did they call forth his deeper energies.

First Friendship: The birth and growth of this friendship was of prime importance to the Boy, and to the Boy's health, in my estimation.

"It" was first mentioned in interview #10, referred to as "It" for seven sessions, at which time (Interview #17) the Boy began to refer to him by a nickname. This persisted until Interview #31 when the Boy called him by his correct name.

When he first appeared (Interview #10), the Boy kept the friendship surrounded with secrecy. It seemed as if "It" was a young man, attending a post-secondary educational institution of some kind, a big-brother kind of figure for the Boy, who advised the Boy to avoid drugs for his own well-being (because his brain had not fully grown yet), and who gave the Boy the kind of warmth and direct verbal feedback he so desperately needed.

Of major importance, he genuinely liked the Boy. Second, he was truthful in his way with the Boy. This caused some difficulty in Interview #15, when the Boy could not tell if "It" liked him any more or not (after getting some honest feedback, when he locked "It" out of the house, in the form of a clenched fist). For several sessions, the Boy hated "It", and called him "a fruit."

Later, (Interview #31), he again had some misgivings about "It", who obviously had his own life to lead, and a busy one at that, and sometimes could not spend as much time with the Boy as the Boy would have liked.

Eventually, the relationship became so close the parents felt threatened. Even the school became involved through a social studies teacher who suggested to the parents that they clamp down on the relationship because "It" influenced the Boy so much. The parents did.

The friendship continued, on a lower key, with "It" sharing such books as Jonathan Livingston Seagull with the Boy, and lending him his tape recorder.

The Boy confessed to "It" (first person other than me) that he was afraid of his father.

With "It", the Boy had developed trust, experienced physical contact (positive), eye contact, and meaningful verbal contact.

And now a note on three counsellor issues: (1) haircuts, (2) coffee session, and (3) confrontation:

Haircuts: This had me somewhat puzzled and I could only understand his request for me to cut his hair in terms of his trust for me. Interview #24: This was the day he brought his mother's scissors with him, and, assuring me he had his parents' permission, asked me to cut his hair. I did. Again, in session #29, he asked to have his hair cut, and I agreed. He asked again, in Interview #35, if I would cut his hair. There is no further note as to whether or not I did so this time.

Of interest, in Interview #23, was his cutting my hair with a pair of blunt children's scissors. It was the next week he brought his mother's scissors with him and requested I cut his hair.

Coffee sessions: The coffee sessions after the counselling session were instituted by me at the onset of counselling. Originally, I was trying to find out whether the Boy had a different way of "being" in a different setting, and the counselling cubicle and the cafeteria were the only two locations available to me for this contrast. The first day, I suggested some refreshments, and bought his drink. The second session, he assumed we would be going down, and said "Let's get going." In order not to let such a pattern develop, with his assuming anything, I said we would not be going that day. The next week, he said nothing, but was hopeful. The following week, we resumed the sessions in the cafeteria. This turned out to be such a positive part of our encounter that I continued it, mainly in the hope that food and eating would again be associated with a warm, positive physical reality. It wasn't until much later that I learned of his "touchy stomach" and his fears of his mother's cooking, and that it might be poisoning him. To what extent this was beneficial, I don't know. The Boy was still very thin at the end of the year, and growing at a rapid pace. I do know he enjoyed these times together, and did not want them to end.

Confrontations: When I speak of confrontations, I am speaking of those with negative aspects (from the Boy's point of view). Positive confrontation was a major part of the counselling, though positive thoughts and feelings on my part had to be dispersed with caution because of the Boy's low opinion of himself and his inability to cope with an abundance of good feeling.

I was first openly annoyed, angry with him in Interview #7 when I expressed my annoyance with his lack of respect for others' property. (This turned out to be a major issue.)

Interview #10: After considerable hyperactivity with visible elements of hostility, I confronted him with his probably having been rewarded for being a bad boy. He was offended, and paid me back by being a worse boy. I confronted him again, immediately, and he ceased. (minor issue).

Interview #23: The issue of the hair, and his leaping at me and cutting my hair with a pair of blunt scissors took place during session. I confronted him, and he admitted and accepted and suffered.

Interview #26: He talked about how easily he had taken apples from a neighbour's tree. I confronted him again on his ambiguous stand - his lack of feeling for his neighbour, and his annoyance if his sister touched any of his property. He didn't like that.

Interview #34: The confrontation in this session took place after considerable hyperactivity, laced with hostility, on the Boy's part. Very interestingly, it brought about a release, and, in this session, which was almost a capsule comment on the counselling to-date he moved quickly through the steps we had taken some time to establish: trust, physical contact, eye contact and meaningful verbal contact.

Interview #42: The Boy reverted to some of his old behaviours, flicking off lights in the hall, tugging at me, etc. and, when he eyed the fire extinguisher, I confronted him again with his hypocrisy in regard to respect for property. Since the apple tree incident, he had taken a magazine which did not belong to him (while on his paper route) and a poster (a gift for me, for which he was caught and his parents contacted) from a department store. I sensed that the timing of my confrontation was accurate and the content appropriate by his response.

Prognosis:

I felt, and shared my views with the psychiatrist, that the counselling relationship was the only meaningful relationship the Boy had ever had, and that to end it was a risk.

It had been my intention to let the counselling continue until the Boy himself no longer expressed the need for it to continue.

Suicide (mentioned by the Boy in Interviews #34, 41, and 45) was a possibility. His depression was deepening, and many of his old self-deceptive strategies for dealing with his unhappy world were no longer in use.

My hope for him lay partly in his relationship with "It", who had become so important to the Boy, and with whom he had an authentic relationship.

I also hoped our relationship was strongly enough bonded to sustain the Boy over the long periods of separation to come. He had strength - that much was obvious - but whether he had enough strength was the question.

CHAPTER VIII

TEST RESULTS AND INTERPRETATION

All the tests outlined in Table I with the exception of the Wechsler Intelligence Scale for Children and the Peabody Picture Vocabulary were administered by me.

Table I presents a comprehensive overview of all the tests administered to the client. These tests fell basically into four categories:-

A. Intelligence

B. Projective

C. Pathogenic Indicator

D. Developmental Complexity Measures

Because of the nature of the client's difficulties, considerable emphasis was placed on the interpretation of the projective measures, especially the Rorschach and the Thematic Apperception Test. Immediately after Table I there is a summary description of the nature of the interpretation of these two tests.

TABLE I

TYPE OF TEST	DATE ADMINISTERED	PRE OR POST-TEST	PURPOSES OF TESTING	SELECTION CRITERIA
A. INTELLIGENCE				
WISC - Wechsler Intelligence Scale for Children	Two months after initial interview.	Pre	Clarification of Academic Potential	Subtest scores present specific strength and weakness area information
Peabody Picture Vocabulary	As above	Pre	As above	Score on the WISC considered to be depressed
Raven's Standard Progressive Matrices	Four months after initial interview	Pre	As above	Non-verbal measure
WAIS - Wechsler Adult Intelligence Scale	Seven months after initial interview	Mid-point	As above	Used as mid-point measure with intention of administering WISC at a later date.
Stanford-Binet Intelligence Scale, Form L-M (1972 norms)	Thirteen months after initial interview	Post	As above	Client now capable of greater verbalization required by test.
B. PROJECTIVE				
Self Report Questionnaire	Once at three months and again at fifteen months after initial interview	Pre and Post	Designed by counsellor to elicit subjective material.	Considered mid-way between objective and subjective measure
Rorschach *	Once at two and a half months and again at fourteen and a half months after initial interview	Pre and Post	To elicit through the use of ambiguous stimuli, information about the client's "inner world".	Used extensively, in spite of criticism aimed at it
Thematic Apperception Test *	Once at three months and again at fifteen months after initial interview	Pre and Post	As above, to determine how the client interpreted significant relationships	As above

TABLE I (continued)

TYPE OF TEST	DATE ADMINISTERED	PRE OR POST-TEST	PURPOSES OF TESTING	SELECTION CRITERIA
C. PATHOGENIC INDICATOR				
HOD - The Hoffer Osmond* Dimension of Schizophrenia	Once at two months and again at fourteen months after initial interview	Pre and Post	Requirement for ongoing research project	
D. DEVELOPMENTAL COMPLEXITY				
Cognitive				
(a) Paragraph Completion Test	Three months after initial interview	Pre	To gain insight into client's level of conceptual complexity	Well researched, with four levels of classification
(b) Carr's IDT (Interpersonal Discrimination Test)	Three months after initial interview	Pre	To investigate the role of conceptual systems in interpersonal discrimination	Appropriate, but client was unable to complete test
Moral				
(a) Kohlberg's Moral Complexity Measure	Three months after initial interview	Pre	To gain insight into the relation between the client's cognitive complexity and moral conduct	Conceptual clarity and considerable empirical support
Emotional				
(a) Dabrowski's Verbal Stimuli Test	Three months after initial interview	Pre	To gain insight into the degree and level of emotion involved in the client's cognitive and moral cognitive complexity	Only test of its kind available
(b) Dabrowski's Overexcitability Test	Three months after initial interview	Pre	To measure degree of over-responsiveness	Only test of its kind available

* See note on following page.

NOTE: In spite of the considerable research with the Rorschach a major criticism has long been the lack of an empirical demonstration of the reliability and validity of the test. In order to interpret the client's responses to the test, I had to take into account the following:-

1. A comparison with norms, if available.
2. The very rich clinical interpretation offered by individuals such as Marguerite R. Hertz (1960) and Jessie Francis-Williams (1968), who have carefully studied the protocols of many children.
3. Whether I would base my interpretation of the client's pre and post-test protocols on existing norms or on a comparative basis with interpretations offered by sensitive clinicians such as Hertz and Francis-Williams.

Since norms were available (Levitt & Truumaa (1972)), I was able to base my interpretation in this data, and, elaborate the interpretation using the other sources. (For more complete details see page ,)

In regards to Table II the factors were dealt with statistically by Levitt and Truumaa (1972) at two intelligence levels: Average (90-109) and Bright (115-124). Where necessary, the groups are combined. Their interpretation, by H. Rorschach himself, and the other "systematizers" (Phillips and Smith, Klopfer, Piotrowski, Beck, Hertz, and Rapaport) is included in the table.

A similar difficulty manifested in the interpretation of the TAT. The manner of presentation is presented on page

A. Intelligence Tests

WISC- Wechsler Intelligence Scale for Children (by male counsellor)

--- was interviewed at the University Clinic on the seventh floor of the Education Building on February ---. He was referred for an intellectual assessment. At present he is a grade eight student at -- school.

Throughout the interview -- maintained a high rate of activity seeming to find it difficult to remain immobilized for more than a few minutes. He seemed to be experiencing a high degree of anxiety in the testing situation which no doubt added to his high activity level. This anxiety was also indicated in the way he answered questions. He tried to put his answers in a humourous or disdainful context, giving the impression that he wanted to do well but did not want to give a serious all-out effort lest he should fail. In all likelihood, his activity level and approach to answering questions might have lowered his overall performance.

Psychometric rating as obtained by the Wechsler Intelligence Scale for Children places -- in the average range of mental ability (Verbal Scale Score 104; Performance Scale Score 107; Full Scale Score 106). He scored above average in general knowledge and also the ability to analyse and reproduce abstract designs. Of particular interest is his high score in abstract reasoning as this gives an indication of good academic potential. He scored below the norm on those subtests measuring judgement and reasoning ability as well as the ability to reason numerically and be socially aware. It is felt that his inability to attend to the task at hand and his use of humour had a rather strong effect on these scores. It was in these three areas that he seemed particularly reticent to give a sustained effort, tending to make very quick responses rather than thinking through the items to be sure of his answers.

The Peabody Picture Vocabulary Test was also given during this interview, with -- scoring at the 87th percentile (I.Q. score 118); (Mental age 16-11). The higher rating he obtained on this measure would tend to validate the fact that the score he obtained on the other test might be a depressed estimate of his intellectual potential.

In summary it appears that -- is at least of average intellectual ability. Perhaps even more important than the scores obtained is the way he handled the testing situation. There is every indication that while -- has above average ability, he is unable to use this in situations he finds stressful. It would seem that perhaps a fear of failing may prevent him from making a concerted effort since he would then have no excuse for the failure he may encounter. This would indicate that any programs set up for this boy, be they behavioural or academic, be structured in such a way that he meets with immediate success and that he also be strongly reinforced for this success. The idea here is that through sustained success he will develop more more confidence in his ability and so be able to give a solid effort in whatever he attempts.

Raven's Progressive Matrices (Standard)

There is little to be said aboutthis test except that the Standard, and not the Children's form was used, so that the results are based on the test normally used for adults. There are, however, norms for children and; using these, the Boy scored at the 90% percentile for 13 year-olds, I.Q. 119.

Comparison: WAIS and WISC performances: (5 month interval)

Scaled scores:	WISC	WAIS
Information	14	12
Comprehension	8	10
Arithmetic	7	12
Similarities	11	13
Digit Span	11	15
Vocabulary	11	11
	V.S.104	V.S. 116
Digit Symbol	-	14
Picture Completion	14	10
Block Design	13	14
Picture Arrangement	11	11
Object Assembly	11	-
	P.S.107	P.S.109
	F.S.S.106	F.S.S.114

Brief WAIS report:

The Boy sat still for most of this test. I could tell by his tense attentiveness that he was anxious to do well. he made a few, but not many "flip" remarks; i.e. in Vocabulary, in response to "sanctuary", he said "a graveyard", but quickly said not to write that and gave another response "a bird sanctuary is where hunters are not allowed to shoot."

He still scored above average in general knowledge and his ability to analyze and reproduce abstract designs, an indication of good academic potential.

His score was now average on the test measuring judgement and reasoning and the ability to be socially aware. His score was above average in his ability to reason numerically.

Changes over half-year interval:

The WAIS was scored by using the 16 year norms, though the Boy was still 13 years when the test was administered. Between the two test scores, there was an increase of 12 points in the verbal scale score, 2 points in the performance scale score and 7 points in the full scale score.

The Boy's elevated general information score, and ability to analyze and reproduce abstract designs, which remained high, still indicated good academic potential.

The most noticeable change was the elevation, in the WAIS,of the scaled scores for Comprehension and Arithmetic. His attitude toward taking the test (more serious, less flippant) may account for his improved judgement and social awareness as measured by the Comprehension score. Previously doubt laden, he was perhaps now somewhat less so.

The increase in the Arithmetic scale score was indicative of reduced anxiety. This could have occurred for either of two reasons: (1) he was less anxious in my presence than he had been in the presence of a stranger; (2) he was less anxious in general.

Stanford-Binet Intelligence Scale: (administered 6 months after WAIS)

Obtained basal age was 14 years, with the Boy continuing to respond up to Superior Adult III on the Stanford-Binet Scale. Though his chronological age was 14 years, 1 month, the Boy's mental age, according to the Stanford-Binet, was 16 years, 4 months indicating an I.Q. of 116.

According to this test, the Boy had many skills which were above average for his age. Of these, his memory and concentration were most superior, followed by general comprehension and judgement and reasoning. His vocabulary and verbal fluency were comparable to that of a superior adult, and his arithmetic reasoning compared favourably to that of the average adult.

I.Q. Test Score Summary:

1.	WISC	-	V.S.104: P.S. 107: F.S.S. 106:
	Peabody	-	I.Q. 116 (M.A. 16 years, 11 months)
	WAIS	-	V.S.116: P.S. 109: F.S.S. 114:
	Raven's Standard		90% -tile I.Q. 119
	S-B	-	C.A.14 years, 1 mo. M.A. 16 yr.4 mo. I.Q.116

Conclusions:

It would appear, on the basis of the above intelligence test results that the Boy was of above average ability, bordering on superior.

His intense anxiety interfered with test performance, coupled with his tendency to diminish his effort as a ready excuse for failure. His humour and seeming unconcern would appear to be defensive tactics designed to hide just how important it was to him to succeed.

B. Projective

Introduction:

The concept of projection, developed by Freud in 1938, characterizes the tendency to attribute to others one's own mental processes, mental processes which one has repressed, of which one is not aware. By so doing, the individual defends himself against self-knowledge which is too painful to bear. These qualities which he attributes to others (persons or objects) around him arouse too much anxiety to be looked at and accepted as part of himself.

Over time, the concept of projection has been widened to include almost any feelings, attitudes or characteristics. For this reason, many projective tests now claim to relate to the original concept,but this is not necessarily the case.

It is believed that each individual organizes and integrates incoming stimuli in a selective manner. What he perceives depends not only on what occurs to him, but also on what he chooses to perceive. This process is believed to go on at both the conscious and unconscious level.

Projective techniques stand about halfway between "objective" tests and subjective interviews. The stimulus material is designed to be, and is, ambiguous. Because of this ambiguity, it is expected that the indvidual to be tested will draw his response from his own inner world and project it, through the stimulus, onto the characters and into his responses.

Objections to projective techniques center around their questionable contribution to psychology as a science, particularly in terms of their general lack of validity and reliability. Supporters of the use of the technique, mainly clinical psychologists, feel the clinical insights gained outweigh the disadvantages. Such psychologists feel that the use of these tests with children is helpful in regard to understanding the child's needs, and for assessing progress in therapy.

Used with caution, keeping in mind that tests originally developed for adults cannot be given to children without taking into account the concept of development, projective techniques can be of value. Ideally, no projective technique should be used in isolation, but as one of a number of methods and approaches to the individual, be it child or adult.

Self-Report Questionnaire (Pre-test)

How my parents see me:

Mother:

Bloody pest, a no-good
rotten, etc. etc., stupid,
jackass, cruel, penny-pincher.

Father: The same

How my teachers see me:

They feel I could do better in school, a lot better than what the marks on the report card show. Impatient, demands far too much attention.

How I see myself:

Vain, made of computer parts, indestructible; feel I'm trying all I can in school. I am the God of Fire, and I bring you to burn. Weak, (whispered) intelligent; unusual, extra-extra ordinary; extra sensory perception, loves hard rock (music), short-haired, just little below average height, dislikes school and teachers; dislikes people, curious.

How my parents wish I were:

Mother:

Extremely intelligent, extremely good in school, extremely kind, must have extremely short hair, must be extremely clean, must be extremely obedient.

Father: (both mother and father)

How my teachers wish I were:

Must work on settling down to work; they wish I could be more athletic, more creative, must be more intelligent.

How I wish I were:

Wish I were more intelligent, a little bit more creative, more popular, had more modern clothes, such as flairs (pants); must earn more money.

Self-Report Questionnaire (Post-test)

How my parents see me:

Mother: Father:

Self-centered; no conscience; dumb, trouble-maker; artistic (at times); great potential; mean; sneaky; conniving; immature' anxious; nervous, extra-unordinary (really different), bum!; nervous, mean, inconsiderate - basically what my mother thinks - great potential, unrespecting, too, - put that for both parents.

How my teachers see me:

Unhappy, great potential (ability) he could be much more better with a little effort - or a medium amount of effort; cynical (whatever that means).

How I see myself:

Different, abused, lonely, some sort of plot against me (no, that goes under abuse); I'm not too concerned about people - no, I am concerned about some people in a way which doesn't really do any good.

How my parents wish I were:

For both:

Not so nervous, better in school, better behaved, more popular, more obedient (that goes under better behaved).

How my teachers wish I were:

- same as parents.

How I wish I were:

I wish that I could develop my psycho-energy, my ESP, etc., telepathy - to a stronger position; wish I could do better in school, were more popular; wish I had lots of money.

Interpretation of results of Self-report Questionnaire, pre and post test:

This test, designed to elicit subjective material, was obviously too direct, and therefore threatening to the Boy, both at the beginning and at the end of the year. His responses to the post-test were some what calmer.

Pre-test: At this time, the Boy thought that his parents had a very negative opinion of him, and accompanying that image, they had extremely high demands for him. To the Boy, because he was not extremely intelligent, kind, good in school, and obedient about such personal matters as length of hair and cleanliness, his parents regarded him as a "no-good, rotten, stupid, cruel, bloody pest."

His response to how his teachers saw him was less highly charged, emotionally. In a somewhat more clear-headed fashion, the Boy saw that the teachers felt he could do better in school, and that he was impatient and demanded too much attention. One of their goals for him was more "reachable" - that he settle down to work. The others, that he be more athletic, more creative, more intelligent, left him with the same hopeless feeling he had in relation to his parents.

His response to how he saw himself was full of "cloud cover" material. I believe he did think he was trying as hard as he could in school. I believe he also thought he was weak, intelligent, different or unusual, curious, and gifted with extra-sensory perception. He too wished he were more intelligent, I felt to satisfy his parents and teachers, more than himself. He wished he were more popular and had the necessary trappings (modern clothes, etc.) to gain that popularity.

Post-test: The only difference in what he considers his parents' attitude to be toward him a year later is the Boy's own ability to articulate more clearly how negative he believes it to be. He does admit that they think he has great potential, and that they see that he is nervous. Their wishes for him, as he sees it, still center around his behaviour, particularly his obedience.

His teachers also believe that he has great potential, but they still believe he is not applying himself. They also recognize that he is unhappy. Their wishes for him are, he says, the same as his parents.

He is more able to talk about how he sees himself at the end of the year, and, in a somewhat subdued manner states that he is different and lonely. He feels he is abused. After stating that he is not too concerned about people, he quickly corrects that and says he is, but in a way which doesn't do any good. (He sees that he is not communicating to others). He wishes he could develop his extra-sensory abilities even more, probably to achieve the communication he sees is missing. Though he still wishes he could do better in school, and were more popular, the communication deficit is of major importance in that it is mentioned first.

Conclusions:

At the end of the year, responses from the post-test indicate that the Boy is differentiating his own negative feelings in relation to the authority figures in his life. In both pre and post tests, his most emotion-laden responses are directed toward his parents, with his ability to articulate his feelings more obvious in the post-test.

Both parents and teachers, he feels have a glimmering of his personal unhappiness at the end of the year that they did not have at the beginning. However, this doesn't alter considerably their demands on him.

At the end of the year, the Boy is more able to express his sad feelings about himself, and seems to have achieved some insight into his own inability to communicate his real feelings to others. He expresses a wish to develop his telepathy more strongly. I see that as a wish to improve his abilities to communicate. He would like this communication to be at a very subtle level, probably so that, if it failed, he could pretend that it had not occurred at all.

The major weakness of this test is it's directness, which obviously threatened the subject, illuminates the need for, and value of, the more ambiguous and less threatening Rorschach and TAT.

The Rorschach Test:

In this section, I will present:

1. General expectations for adolescent responses to the Rorschach, by Marguerite R. Hertz (1960) and Jessie Francis-Williams (1968).
2. Rorschach records, pre and post tests, for the subject.
3. Psychogram I and Psychogram II for pre-test and post-test.
4. The findings of Levitt and Truumaa (1972) with regard to norms for 13 and 14 year olds.
5. A specific comparison of the subject's records (pre and post), noting changes over the year, based on the Levitt and Truumaa findings.
6. A more general interpretation of the subject's records based on Jessie Francis-Williams' material.
7. An evaluation of the subject's two Rorschach records in the light of the following dimensions:
    1. Attitude toward taking the test.
    2. Initial reaction time
    3. Number of populars
    4. Number of rejection
    5. Space details
    6. Colour
    7. Movement
    8. Content
8. A final interpretation based on findings from the various sources.

The use of the Rorschach with adolescents, this case in particular:

Although it is not wise to base a diagnosis on the results of the Rorschach alone, the test can be helpful when used in combination with others.

In spite of the criticism aimed at the Rorschach in the sixties, it ranked second in 1969 among all the tests in the total number of service agencies in which it was used. (It had ranked first in 1959). Levitt and Truumaa (1972) note:

> . . . even its most avid critic cannot deny the accumulation of experimental evidence demonstrating that the individual displays his inner self in the ways in which he structures ambiguous material. (p.6).

Marguerite R. Hertz, in her chapter "The Rorschach in Adolescence" (in Projective Techniques with Children, 1960) noted that, at that time there was no unanimity of opinion as to the age range or conditions which distinguish adolescence from any other developmental period. She pointed out that one of the major deficits of Rorschach studies with adolescents, was that characteristics and changes observed in the Rorschach patterns were related to processes derived from other sources. There was little normative data. In her chapter, she cited the studies does in the area, both normative and developmental, and summarized the results, referring to certain studies which presented normative data that allowed her to make tentative generalizations as to the personality characteristics of children and the trends of development.

She noted that, in general, Rorschach responses indicate that, in the second decade of life, mental horizons broaden, with adolescents becoming more socialized, showing an increased interest in people, trying harder to contact other people, and more anxious in their relations with others. Though somewhat constrained in the early teen years, displaying more stereotype of thought processes and interests which tend to be more impersonal and intellectually evasive, they gradually become less stereotyped and more expansive. From 15 years on, they show more bodily preoccupation, and more anxiety concerning health and possibly sex.

During adolescence, Hertz adds, the content of Rorschach responses shows more affective loading, more tension, hostile assertion and aggression, ample evidence of cooperative attitudes, preoccupation with rebellious feelings, desire for power, resentment against authority dysphoric thinking (emphasis on frightening, threatening and gruesome figures) and more egocentric thought, with an inability to consider people or situations apart from themselves and their own experience. Normal adolescent scores resemble those of neurotic adults.

Jessie Francis-Williams (1968) notes that, during adolescence, rapid physical changes cause new pressures to be put on the youngster's emotional adjustment. It is during adolescence that the individual, according to the same author, achieves emotional independence from his family. Emotionally, the adolescent swings between elation and despair. Intellectual judgements tend to be "all or none", "black or white." It is typical of adolescents, she says, that they can't compromise. Under stress, the individual tends to revert to less mature phases of development. These changes, she feels, are reflected in the Rorschach records of adolescents. Generally speaking, one would expect productivity to increase, as well as form level rating and emphasis on human interest, an increase in the expression and control of emotional responsiveness, a marked introversive swing, and highly unique content in responses.

Levitt and Truumaa (1972) noted that a perennial deficiency of the Rorschach method was the absence of acceptable, usable norms. They attempted to correct this deficiency with their research in which they endeavoured to determine the relationship between each Rorschach factor and age.

Rorschach (pre-test) M - 13 years

Card		Performance	Enquiry and Scoring
I ∧ ∧>∨<∧	4"	1. A blot of ink	1. No elaboration
		2. Now this is a string painting.	2. No elaboration
		3. It's an optical illusion	3. No elaboration
		4. (long pause - turned card over and look at back) How dirty can you get?	4. No elaboration
		5. That's an X-ray - pelvis, groin, and this ... ugh (dropped card)	5. Whole blot - groin - pelvic bone Center lower gray - bladder Lower grey - penis.
II ∧	2"	1. Looks like a mouth.	1. White - center; open, you know.
		2. This is another string painting.	
III ∧	2"	1. A happy face.	1. Black lower - grin; red - nose; and it's smiling (demonstrated)
		2. Maybe something is sitting there or standing there.	2. An all these pictures are string paintings.
IV ∧	2"	1. Turned it around, held it to mirror for 9 seconds. No reaction - rejected it.	1. Something I've never seen before and it looks worthless. It's string painting - grey dipped in black and just run any old where.
V ∧	3"	1. Some type of insect looking to the right (demonstrated by turning head)1 and those are two legs.	1. Not to the right - to the left.
		2. Batman ("Don't just write Batman down - that was just a joke) It's a bat.	2. All these pictures are string paintings.
VI ∧	4"	1. Turned card to mirror for 13 secs. and said "Part of a posterior."	1. He pointed to a line down the center and rejected the card immediately, saying "Aren't we dirty minded today?"
VII ∧	4"	1. Turned card to mirror for 6 secs. and said "A mess - a stupid picture." (laughs)	1. Yes, and it's worthless and there's nothing to it - and it's bare looking - b-a-r-e- You're bare - it looks dumb.

		Rorschach (cont'd)	(pre-test)
VIII ∧	3"	1. Mmmm-interesting use of colours.	1. He would say nothing when queried.
	9"	2. Turned card to mirror and said "Here we go again."	
	18"	3. (responded while still viewing in mirror) These two red things on side look like some sort of lizard - iguana - looks like they're walking.	
		4. Senseless picture.	
IX ∧	4"	1. Ugh!	1. Yes, well, also - no good - and there's only three basic colours.
		2. Stupid - rejected card.	
X ∧	3"	1. Looks like a thin picture.	1. No elaboration.
		2. Good use of colours.	
		3. These two (pointed at blue) look like blobs of ink that are spreading out - or blown out.	
		4. Those two (pointed to white center) look like eye sockets (looked at it in mirror)	
		5. These (pointed to green) - crabs.	5. No just the green blob - the whole thing - the green and the blue green alone - antennae, yes, some sort of underwater creature zooming up looking for food. (demonstration)
		6. These (grey) two horrible martians or Venusians, and they're arguing at each other.	
		7. Unimaginative.	

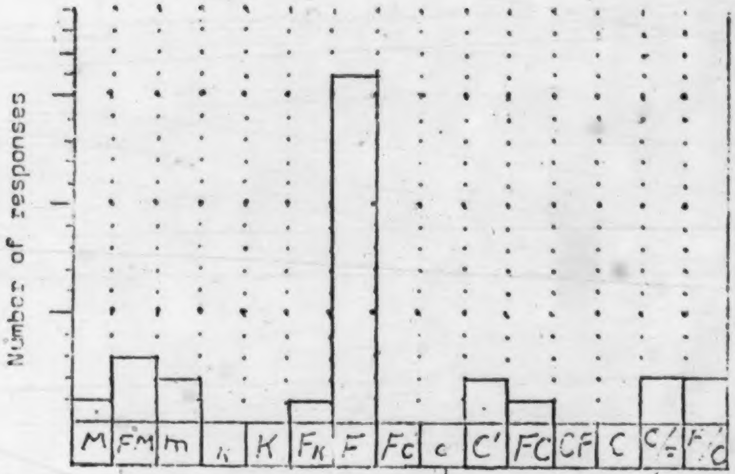
Rorschach (post-test) M - 14 years

Card		Performance	Enquiry and Scoring
I ∧	2"	1. String painting.	1. You dip a string into a bottle of ink, fold paper.
		2. Oh - X-ray of area around hips - maybe abdomen	2. Large outer dark; center light - urinary bladder; center dark - male sexual organ - pelvis.
∨		3. Like an insect.	3. You sure it's not supposed to be the other way around?
		4. Part of a super jet under construction.	4. White - windshield for the pilot- under construction - you know.
II ∧	3"	1. The red looks like blood.	1. This - upper red.
		2. All of these are string paintings	2. No elaboration
∨		3. It's indescribable.	3. It's - Wow! - like what you would see on an acid trip - a door.
∧		4. I guess it could be a face.	4. White - mouth, chin, nose.
III ∧	5"	1. (laughter) X-ray	1. Abdomen - hip bone; backbone - white; center - no print; red - kidney.
∨		2. Two faces looking at each other.	2. No elaboration.
∧		3. Remarkable likeness (to individual administering Ro.)	3. No elaboration.
		4. Sort of like a garden, a forest, a provincial park.	4. Red - trees - tropical plant; upper center black - two sycamore trees; vines, flowers, grass - does look kind of beautiful.
IV ∧	1"	1. String painting.	1. Dirty picture - not, it's not a dirty picture at all. What did I say this was - a rectum? I guess it is, in an abstract form.
∨	15"	2. No form; no nothing (rejected card)	2. That's right - no form, no nothing I wouldn't say it's worth looking at.
V ∧	2"	1. Aah - butterfly.	1. That's right.
		2. String painting (looking away from me)	2. No elaboration.
∨		3. Butterfly both ways - no - moth.	3. In a way a butterfly, but more like a moth.
VI ∧	4"	1. String painting (turned it upside down right away)	1. That's right, I suppose.
∨	10"	2. (turned it around once more)	2. Partial painting of two really tall thin doors closing or opening.
∧		3. Nothing.	
VII ∧	4"	1. String painting	1. No comment
∨		2. A fat person with skinny legs.	2. A lady - arm, leg, (sides).
∧		3. Oh, sort of like two hills very close together, a river going through the bottom - all sorts of flora - trees and stuff.	3. That's right - no change: cliff sticking out; moss, and trees, sort of like a creek or a stream running in here.

Rorschach (cont'd) (post-test)

Card	Performance	Enquiry and Scoring
VIII ∧ 3"	1. Oh, yah, this one! String painting but - it's ah, four different ones on the same paper.	1. No elaboration
∨	2. Yukk, yukk.	2. No elaboration.
∧	3. Two creatures crawling up a jagged wall - both the same kinds of amphibians - iguanas.	3. Up there - head - mouth - eye legs; a forest wall - a steep cliff.
IX ∧ 14" (eyes closed for first 12")	1. String painting.	1. No elaboration
	2. Three different string paintings on same paper.	2. No elaboration
∨	3. Sort of like a drain - really dirty - something going down it - dirty water or dirty chemical.	3. Like a slum area; small stream in center, chemical mildew building around side of drain.
∧	4. This way, something going down a drain but not quite as dirty as the other one.	4. A bit cleaner.
X ∧ 19"	1. Whow! Is there ever a lot!	
27" (eyes closed for first 5")	2. Five or six different colours of string paintings on same picture.	
	3. Five or six different string paintings using different ink.	
	4. Two creatures from a different planet arguing.	4. Center upper grey.
con.	5. Two creatures with arms outstretched and two creatures on arm - they're arguing, so all six are arguing.	5. (blue) (green) (grey) - didn't say colour, but pointed, eyes, antennaes, a pillar, column.
	6. A face mask.	6. There (pointed to blue center)
	7. Two crabs.	7. All that dark colour there.
	8. Disease - going through the air.	8. The yellow and this colour orange.
∨	9. Two seahorses and two pink elephants - no, there's no pink elephants.	9. Green - nose - mouth - kinda skinny. There is no pink elephant - there is no pink in there.
	10. Well, string painting - six different kinds.	
	11. Sea life - from another planet coming to live in the Atlantic Ocean.	11. That's it.

Psychogram I Pre-test M - 13 years



Total responses	R = 20
Av. time per response	3.1 secs.
Av. reaction time:	
Achromatic cards:	3.0 secs.
Chromatic cards:	3.3 secs.

F = 80%

Ratio M: Sum Colour 1:3

Ratio (Fm +m): (Fc+C+C) 5:2

W = 50%

D = 25%

S = 10% (4 unscorable)

CONTENT:

H - none

(H)- 3 1) something sitting or standing there 2) Batman 3) martians or venusians

Hd - 5 1) happy face 2) eye sockets 3) penis 4) part of posterior 5)mouth

A - 3 1) inset 2) iguanas 3) crabs

Ad - 1 legs of insect

String painting - 5 (3 on inquiry)

Blot of ink - 2

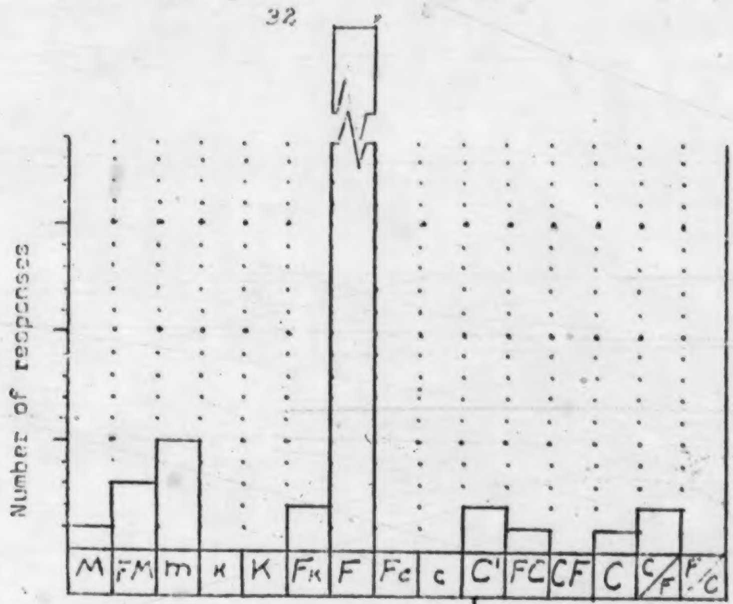
Optical illusion - 1

Popular 3 - 1W; 2D

Rejections - 3 cards IV,VII, IX

C des (colour description) - 3 card VIII "interesting use of colours"
card IX "only three basic colours"(on inquiry)
Card X "good use of colours"

Psychogram 11 Post-test M - 14 years



Total responses R = 35

Av. time per response 5.7 secs.

Av. reaction time:

Achromatic cards 3,0 secs.

Chromatic cards 12.0 secs.

F = 93%

Ratio M: Sum Colour 1:4

Ratio (Fm+m) 8:3

W = 52%

D = 42%

SD = 6%

CONTENT:

H = 1 fat person with skinny legs

Hd - 5 1) abdomen 2) rectum 3) face 4) face 5) legs

(A)- 2 1) two creatures from a different planet 2) sea life from another planet

A - 5 1) insect 2) butterfly 3) moth 4) iguanas 5) crabs

(Ad) 2 1) creatures' legs 2) two creatures with arms outstretched

String painting - 10 (all from spontaneous performance)

Man-made object - 4 1) super jet 2) two thin doors 3) drain 4) drain

Nature - 2 1) garden 2) hills and river

Disease - 1

Popular - 5 3W; 2D

Rejections - 2 Cards IV and VI

C des (colour description) Card X "five or six different colours of string paintings on same pictures - on inquiry: "all that dark colour there"

TABLE II

Factor	Rorschach	Consensus	Levitt & Truumaa	Norms 13 years	14 years	Tests Administered to Subject Pre (13 years)	Post (14 years)
R - number of responses	no significance	intellectual productivity	R - increases with age, but very slowly; uncorrelated with intelligence	19.3 (comb.)	19.8 (comb.)	20	35
Location W D d W (The whole response)	intelligence, creativity ability to think abstractly	intelligence, ability to organize	W% -though unrelated in early years, becomes increasingly related to intellectual factors	46.8% (Br.) 29.9% (Av.)	46.0% (Br.) 27.3% (Av.)	50%	42%
D - (Large detail response)			D% -large detail responses constitute half of the response total for children of Av. Int.at any age.	42.8% (Br.)	42.4% (Br.)	25%	42%
d - (Small detail response)	compulsiveness	orderliness, compulsivity	d%- negatively related to intelligence	10.4% (Br.) 20% (Av.)	11.8% (Br.) 22.6% (Av.)	0	0
Form F% F+ F% (Form determined response)	reflects non-emotional conscious sphere	best not to compute (Beck)	F% -best not to compute; no sig.diff. in Br.& Av. grp.				
F + (Form Quality response)	realistic thinking, critical capacity, judgement	realistic thinking, critical capacity, judgement	F+ -highly correlated with age.	75.7% (Av.)	77.7% (Av.)	43%	58%
Movement M FM m M (Human movement response)	creativity, empathy, ego-strength	fantasy, empathy, ego-strength	M - positively correlated with age. - positively correlated with intelligence at all age levels.	2.34 (Br.) 1.84 (Av.)	2.48 (Br.) 2.01 (Av.)	1	1
FM (Animal movement response	not scored	primitive impulse	FM -positively correlated with age up to 12 years at which point a decline begins -not an intelligence - related factor	2.78 (comb.)	2.71 (comb.)	3	3
m (Inanimate movement response)	not scored	awareness of intrapsychic conflict threatening the ego	m - positively correlated with intelligence - indirect support for hypothesis that m reflects an introspective tendency	.77 (Br.) .52 (Av.)	.81 (Br.) .55 (Av.)	2	5

TABLE II (continued)

				Norms		Pre and Post Tests	
Factor	Rorschach	Consensus	Levitt & Truumaa	13 year	14 years	Pre (13 yrs)	Post (14 yrs)
Colour C CF FC Colour	emotional responsiveness	emotional responsiveness					
C (Pure Colour Response)	impulsive action	extreme impulsiveness and lack of impulse control	C - negatively related with age; practically extinct by mid-adolescence in a psychologically normal group.	.12 (comb.)	.09 (comb.)	0	1
CF (Colour-Form Response)	emotional instability irritability, suggestibility, more egocentric than FC	impulsiveness and emotional control better than C; not well developed as FC	CF - findings similar to those of C High at age 5, then drops till age 12 and then rises again up to age 16. Relatively diffuse emotionality (CF) brought under control as socialization process proceeds. (13-16 y. 'stormy')	.62 (comb)	.65 (comb.)	0	0
FC (Form-Colour Response)	emotional stability emotional reaction appropriate to environment	emotional reactions appropriate to reality	FC - negative correlation with intelligence - increase proportionately with age. Total pool of emot. decreases with increasing age; FC, since it remains constant becomes a larger part of that pool.			1	1
Content H A At H The Human Response)	no significance	interest in other humans	H% $\frac{H + Hd}{R}$ - absence of corr. with age in Av.grp. - while H probably implies an awareness of and sensitivity to people, Hd also reflects social anxiety. Data suggests H and Hd be kept apart in children's records.	20.2% (Br.)	20.5% (Br.)	30%	17%
A (The Animal Response)	Stereotypy and lack of imagination; unintelligence.	unintelligence; stereotypy	A% $\frac{A + Ad}{R}$ - correlation with age very low - absence of relationship with intelligence (unanticipated) - rather than being a pathognomic indicator, A% positive (mild) developmental index.	52.0% (comb.)	51.9% (comb.)	20%	20%
At (The Anatomy Response)	hypochondriacal ruminations; emotional coldness	hypochondriasis	At - tentatively assumed to be unrelated to intelligence - experts generally agree with Rorschach in regarding anatomy response as the salient content indicator of psychopathology.	.64 (Br.)	.62 (Br.)	5	5
P (The Popular Response)	'vulgar' - i.e. given by one out of every three normal respondents	social conformity	P - conjectures that adult level of P lies between 5 and 6 - highly correlated with age.	4.91 (comb.)	5.08 (comb.)	3	5

TABLE III

Brief Comparison of the Subject's Scores, in both Pre and Post Tests, with Group Norms for Individuals his Age

Factor	Age 13	Age 14	Change/ Direction	Comments
R	as expected	> expected	increase	intellectual productivity increased.
W%	as Bright grp.	as Bright	decrease (small)	ability to organize decreased
D%		as Bright	increase	no comment
d%	< expected	< expected (0)	no change	bright? not compulsive?
F^{+}	< Average grp.	< Average grp.	increase	capacity for realistic thinking; judgement increased
M	< either group	< either group	no change	emotional maladjustment
FM	as expected	as expected	no change	no comment
m *	> either group	> either group	increase	see following pages
C	< either group	> either group	increase	more impulsive?
CF	< either group	< either group	no change	
FC			remained constant	
H%	> Bright grp.	< Bright grp.	decrease	decrease in social anxiety?
A%	< either group	< either group	no change	lack of stereotypy, good imagination
At*	> Bright grp.	> Bright grp.	no change	see following pages
P	< either group	as expected	increase	more socially conforming?

The comments in the last column in the preceding table are my speculations, based on the group norms, as to the changes which occurred over the year in counselling. Five of the factors (m, Colour, H%, A% and At responses) are of more interest to me than the others, and they will be dealt with separately.

Generally, then, it appears the Boy became more intellectually productive, less able to organize incoming stimuli, more capable of realistic thinking and improved judgement, maintained his emotional maladjustment at a constant degree, but became more aware of his conflicts, somewhat more impulsive,somewhat less socially anxious, more socially conforming, and showed less evidence of psychopathology, qualitatively, though not quantitatively.

More specifically, the five following factors are of interest:

1. m - The number of m, (Pre-2; Post-5) indicate that the Boy had considerable intrapsychic conflict, but:

> Thus, while well-adjusted individuals do not produce m, its presence in the record of an individual with manifest conflict is a favourable prognostic sign. (Levitt & Truumaa, 1972, p.55).

On that basis, I would suspect that the increase in m from 2 to 5 responses would be a favourable prognostic indicator.

2. Colour - According to group norms for his age, the Boy's total pool of emtionality was low. There was an increase in his pure colour response from 0 to 1, reflecting an increase in impulsivity, but no change in either CF (in fact no responses either time) or FC. This reduced emotional responsiveness will be discussed later in connection with Jessie Francis-Williams' material.

3. H% - Levitt and Truumaa found that, while H probably implies an awareness of and sensitivity to people, Hd also reflects social anxiety, and for this reason, the two should be kept apart in the records of children. Though his H% dropped over the year, this does not necessarily indicate that the Boy became less aware of and interested in others, but perhaps that he became less concerned about them. I regard this as a positive prognostic indicator, given that I felt it very important for the Boy to stop "playing to the audience" he carried around in his head.

4. A% - Levitt and Truumaa feel that it is possible that A% applies only to adults, and has little significance in childhood. It is possible, they suggest, that social learning and the exercise of emotional control, desirable in a child, might, if permitted to continue in a primitive form, "metamorphose" into stereotypy and constriction in the adult.

5. At - The "salient content indicator of psychopathology" - and the Boy gave responses well above the expected for his age. There was no change, no decrease over the year, but the content was less "blatant" - i.e. Card I (Pre) pelvic bone, bladder, penis; Card I (Post) urinary bladder, male sexual organ, pelvis.

According to Jessie Francis Williams, one of the most important diagnostic indicators is one the Rorschach is extremely sensitive to - deprivation of affection in early childhood, shown in the response to the colour cards.

1. Colour:

> The most marked differentiating characteristic is their difficulty, amounting for most of them to complete failure to incorporate colour as a determinant. Colour responses in the Rorschach are traditionally held to be indicative of the person's capacity to relate himself to the realities of his environment and the extent to which these responses are integrated into the reality of the Form of the blot is regarded as an indication of the stability of emotional adjustment in the person who makes this kind of response. Even when the emotionally deprived child shows by such comments on being given Cards VIII, IX and X, as "Oh, this is pretty." or "Nice colours here", that he is aware of the change to colour he rarely incorporates colour into a scorable response. (Francis-Williams, 1968, P.46).

Pre-Test:	Card VIII	"Mmmm - interesting use of colours."
	Card IX	"there's only three basic colours." (on inquiry)
	Card X	"good use of colour."
Post-Test	Card VIII	"String painting - but it's four different ones on the same paper."
	Card IX	"Three different string paintings on same paper."
	Card X	"Five or six different colours of string paintings on same picture"(Reveals colour has been implied in word different, and notes it twice more in response to this card. "All that dark colour there (disease) (on inquiry)

2. Movement: The other striking characteristic is Movement - emotionally deprived children tend to have high M, low FM (lack of vivacity and spontaneity typical of normal child) and little or no colour.

Pre-test	M - 1 (ex.)	Post-test	M - 1 (ex.)
	FM - 3 (as ex.)		FM - 3 (as ex.)
	m - 2 (ex.)		m - 5 (ex.)

(On Levitt and Truumaa (1972) norms, the subject had high m)

> To be interpreted as evidence of adjustment and maturity M responses should be in conjunction with a whole, real human concept, wiht good form level, and in good balance with other determinants. (responses given by emotionally deprived tend to be a-typical in quality). They usually give a proportion of human details seen in movement M responses with poor form related to small or unusual details, mythical and fabulous figures, many of them sinister, occur, and there are many M responses which "touch off" as it were, a great deal of autistic fantasy not warranted by the reality of the blot. Finally, there is frequently a tendency to perseverate on a certain theme. (Francis-Williams, 1968, p.47-68)

Pre-Test:

M - 1) happy face (smiling, on inquiry)

FM - 1) insect looking to the right.

2) iguanas walking

3) horrible martians or venusians and they're arguing at each other.

m - 1) maybe something is sitting or standing there.

2) blobs of ink that are spreading out or blown out

Post-Test:

M - 1) two faces looking at each other

FM - 1) iguanas crawling up a jagged wall.

2) two creatures from a different planet arguing

Post-Test
(cont'd)

3) two creatures with arms outstretched and two creatures on each arm - they're arguing, so all six are arguing.

m - 1) partial painting of two really tall thir doors opening and closing.

2) dirty water (or chemical) going down a drain.

3) the same only not quite so dirty

4) disease going through the air

5) sea life from another planet coming to live in the Atlantic.

In summary, then, Jessie Francis-Williams emphasizes the point that when making a differential diagnosis based on a Rorschach record, neurotic "signs" cannot be used as a valid measure of maladjustment, for the normal adolescent Rorschach often resembles that of the neurotic adult.

It is important, she feels, in analyzing adolescent records, to look for indications of health as well. Evidence of Ego Strength:

1. normal percent age of good F responses.
2. quality of M and Fc, CF responses.
3. not simply shock alone, but the person's capacity to recover from it.
4. the extent to which the individual shows how anxiety can be intellectualized and coped with.

Diagnostic pointers are:

1. age of the child - the capacity to respond to the Rorschach changes with chronological age throughout childhood.

2. intellectual capacity - responses influenced by intellectual capacity (more intelligent are more orderly) and the way the subject has been fed and stimulated (broader background - wider range of response).
3. emotional satisfactions - quality of emotional nurture and the satisfactions for emotional growth that have been available to the child.

Signs to be explored further:

1. Perseveration on one response or on one theme after age 4 is a pointer to immaturity.
2. Refusal of more than one card after age 7.
3. More than one or two responses describing inanimate movement in a young child quite often points to unresolved inner tension.

In summary, the author notes that the value of using the Rorschach with children may "also lie in providing the child with a means of release which can enable him to overcome inhibitions and voluntarily disclose some of the deeper problems that he had tried to repress." (p.160).

As a diagnostic tool, it is flexible and rewarding.

My interpretation of the Boy's Rorschach records in the light of the Francis-Williams material: (Colour, M, Perseveration, Rejections)

The Boy's difficulty, almost total inability, to incorporate colour as a determinant indicates that he has suffered serious emotional deprivation at an early age. This has led to, over time, an inability on his part to relate himself to the realities of his environment. The emotional adjustment he has made tends to be unstable rather than stable.

Though the Boy did not produce high M, he did produce high m, but the content was somewhat unusual, including mythical and fabulous figures (horrible martians or venusians arguing), sinister responses (disease going through the air) and autistic fantasy not warranted by the reality of the blot ("string paintings - these are all string paintings").

His perseveration on the same theme (insistence that the blots were really string paintings) pointed to immaturity. In this case, I feel it is not intellectual immaturity, but emotional immaturity brought about by lack of emotional satisfaction and nurture in early years, traumatic emotional experiences, in past and present relationships, and damaged continuity of emotional growth.

There were some signs of Ego Strength as measured by:

1. good percentage of good F responses.
2. the subject's capacity to recover from shock.
3. the extent to which the subject showed how anxiety could be intellectualized and coped with.

Changes over the year were evidenced in his more relaxed attitude toward colour in the post-test, his increasing awareness of his anxiety (m increased from 2 to 5) and how he dealt with it, his increase in good F responses, and his rejection of only 2 cards in the post test (he had rejected 3 in the pre-test). The increase in perseveration on the insistence that the blots were really "string paintings" is difficult for me to understand, and I prefer to leave the point open to discussion.

5. Evaluation of the subject's two Rorschach records, pre and post:

1. Attitude toward taking the test: (hostility, fear)

The Boy displayed considerably more hostility during the administration of the pre-test. As well as his verbal objections (not recorded) between cards, he displayed this hostility by turning the card away from him and viewing it in the mirror across the table. In the pre-test, he averted four cards (Cards IV, VI, VII, and VIII), none in the post-test. However, in the post-test, he closed his eyes when presented with the card, and, in some instances, kept them closed for some time. (Card IX - 12 seconds, Card X - 5 seconds).

In the pre-test, he examined each card in its original position only, while, during the post-test, he turned each card upside down at least once,and sometimes more often. This voluntary exploratory behaviour indicated to me that he was less afraid during the post-test, of the card itself and what it might present to him.

2. Initial reaction time: (freedom of approach; facility in reaction)

Pre-test		Post-test	
Average reaction time	3.5 sec.	Average reaction time	5.7 sec.
Achromatic cards	3.0 sec.	Achromatric cards	3.0 sec.
Chromatic cards	3.3 sec.	Chromatic cards	12.0 sec.

Generally, there is less fluctuation in reaction time with adolescents than with younger children. (Hertz, 1960) "They appear to have attained a greater measure of stability in their reactions to environmental stimuli." (p.38).

The Boy showed a considerably longer initial reaction to the chromatic, or coloured cards, in the post-test, indicating to me that, while still unable to incorporate colour as a determinant, he was unable to ignore it as he had done the previous year. His increase in general emotional responsiveness, and his accompanying inability to deal with it is reflected in the increase from 0 to 1 in his C responses, and no change in CF or FC. Developmentally, the emotion is still pure emotion, not yet either diffuse (CF) or formed (FC). Given that he had suffered emotional deprivation during early childhood (Francis-Williams, 1968) it seemed necessary to me that he would have to take one step at a time, the first step being the manifestation of colour in the impulsive form (C).

3. Number of populars:

Pre-test	Post-test
3 (1W, 2D)	5 (3W, 2D)

Rorschach experts agree that an increase in popular responses indicates an increase in social conformity. They disagree in the average number of adult responses. Levitt and Truumaa (1972) found 5 to be the likely number for the average adult, and found the factor to be highly correlated with age. Evidence for an increase in conventional thinking is no more than circumstantial. It is difficult to speculate whether increased age or social conformity played a role here.

4. Number of rejections:

Pre-test		Post-test	
3:	Card IV ('father' card)	2:	Card IV ('father' card)
	Card VII ('mother' card)		Card VI
	Card IX		

The rejection of more than one card after age 7 (Francis-Williams) is a sign to be explored further.

In the pre-test, Card IV, after 2 seconds, was turned around and held to the mirror for 9 seconds before being rejected. The Boy remained completely controlled, without visible reaction. On inquiry, he insisted he had never seen it before, and that it looked worthless. He insisted it was a string painting, "grey dipped in black and just run any old where."

Card VII, looked at for 4 seconds, and turned to the mirror for 6 seconds, was rejected with an uncomfortable laugh and the comment that it was "A mess - a stupid picture." On inquiry, he insisted it too was worthless, "and it's bare looking - b-a-r-e - You're bare - it looks dumb."

Card IX, extracted an "Ugh" at 4 seconds, and a "Stupid!" at 9 seconds, as he rejected it. On inquiry, he added that it was also "no good" and that there were only three basic colours.

He was obviously upset by all three cards, all of which were rejected after about 9 seconds. He refused (was unable to) to elaborate on inquiry.

In the post-test, Card IV was again rejected, this time after viewing it in an upright position (the more threatening position) for 1 second; and upside down for another 15 seconds. When initially viewing it, he insisted it was a string painting. When rejecting it, he added "No form; no nothing." On inquiry, he said it was a dirty picture, then corrected himself and said it was not a dirty picture at all, and asked what he had said it was - a rectum? He then agreed it was a rectum, "In an abstract form." Finally, he said, "I wouldn't say it's worth looking at."

At this point, I believed that he got this card confused with Card VI, which he had rejected, and which he had referred to, in the pre-test, one year before, as "part of a posterior." If that was the case, he recovered his composure by the time we reached the inquiry for Card VI, which he had also rejected, by stating rather airily, in the inquiry, that it was a "Partial painting of two really tall thin doors closing or opening."

5. Space Details:

Pre-test	Post-test
2 S	2 SD

According to Hertz (1960) the ability to use space details in combination with good form may indicate a healthy tendency to want to see all aspects of a question, even the opposite side. It also may reflect more cautiousness, circumspection, watchful adaptability. In the pre-test, space details were simply that - a mouth, and eye sockets. In the post-test, the mouth (again Card II) was incorporated into a face, and the Boy pointed out the chin and the nose as well. The eye sockets were not noted in the post-test, but the same area was designated as a face mask. (Card X). The second space detail on the post-test was the windshield of a super jet under construction.

The change from 2S to 2SD was to me a favourable prognostic indicator.

6. Colour: (Emotional responsiveness, control and maturity)

Pre-test		Post-test	
C	0	C	1
CF	0	CF	0
FC	1	FC	1
C/F	2	C/F	2
F/C	2	F/C	0

(C/F - colour is used merely to distinguish area and form is indefinite).

(F/C - form definite, and colour used merely to distinguish area)

Though C crude diminishes with age (Hertz, 1960) the Boy gave no C crude responses in the pre-test and 1 in the post-test. Hertz has this to say:

> Thus according to some results children in their early teen years show constriction of emotional responsiveness When they are responsive, however, they are prone to be more excitable, egocentric and less controlled than older teenage children, although less so than younger children. (p. 46).

I believe that, given that the Boy experienced emotional deprivation in the early years, when he overcame his emotional constriction, he would first display it in a more, rather than less impulsive fashion. The increase from 0 to 1 C crude response appears to be of that nature. I would expect the stability and maturity (CF to FC progression) to show itself as time progresses.

7. Movement:

Pre-test		Post-test	
M	1	M	1
FM	3	FM	3
m	2	m	5

The Boy gave fewer M responses than expected for his age, and about the same number of FM as expected (Levitt and Truumaa, 1972). His increase from 2m in the pre-test to 5m in the post-test is of considerable interest. Hertz (1960) notes: ". . . older teenage children show greater awareness of the promptings of the more basic drives, yet more control over them and more ability to sublimate and to structure impulses in a manner acceptable to themselves and others." (p.44).

Given that m reflects inner tensions and the more conscious struggle between conflicting impulses, the Boy appears to have achieved more control.

Content:

Pre-test			Post-test		
H	0		H	1	fat person with skinny legs
Hd	5	happy face	hd	5	abdomen
		eye sockets			rectum
		penis			face
		part of a posterior			face
		mouth			legs
A	3		A	5	

Pre-test (cont'd)		Post-test (cont'd)	
Ad	1	Ad	0
(H)	3	(H)	0
(A)	0	(A)	2
		(Ad)	2
Man-made object	0	Man-made object	4
Nature	0	Nature	2

The Anatomy responses are of interest in that they appear less "blatant" in the post than in the pre-test. Card 1 alone is a good example of this: Pre-test - pelvic bone, bladder, penis; Post-test: urinary bladder, male sexual organ.

The interpretation of H% has been questioned by Levitt and Truumaa (1972), so I will take each of these categories separately.

The increase from 0 to 1 in human responses may indicate an increased interest in others. The lack of change in the number of human detail responses may indicate either no change in the interest of others, or a loss of anxiety regarding others. The human detail responses were all anatomy responses, lending support to the idea that the Boy's anxieties regarding other human beings were of an aggressive nature.

> During puberty assertiveness has a hostile, aggressive quality only partially compensated by cooperative attitudes. (Hertz, p.51)

In the post-test, the Boy's interests expanded to include man-made objects and nature, neither of which appeared in the pre-test.

Summary and Interpretation:

As is typical for other youngsters his age, the subject became more intellectually productive over the year, as reflected by his total number of responses. The decrease in the percentage of whole responses may reflect a decreased ability to organize incoming stimuli. An increase in quality of responses may indicate that the Boy was more capable of realistic thinking and judgement about the information he was now organizing.

His emotional maladjustment remained at the same level, but the Boy appears to be more aware of his conflicts, both within himself and with those in his environment.

The "softened" nature of the human detail responses, all of them anatomical in nature, perhaps indicates that the Boy had experienced a lessening of the hostility and aggression he felt toward others. Thus I interpreted his increase in inanimate movement responses to be an indication of, not necessarily more interest in others, but perhaps less anxiety about them.

The increased impulsiveness as reflected in the increase in pure colour responses was, I felt, the first step toward the Boy's accepting and controlling his heightened emotional responsiveness to significant others; he had, in fact, not managed to control it entirely.

The subject's response to the chromatic cards (pre-test) would, according to Francis-Williams, (1968), suggest that the Boy had suffered serious emotional deprivation at an early age. There were a number of phases yet to be worked through before this youngster could channel and discharge his emotion in a more socially acceptable fashion. Ego-strength (as reflected by F+ and m) increased over the year.

In brief, the Boy, with too many and too strong emotional reactions, and too few acceptable outlets, during the course of the year, appears to have undergone a "regression in the service of the ego." His defensive hostility, masking his anxiety about others, decreased a little, and, at the same time, the Boy himself became more conscious of the conflicts and exerted more control over his own reaction to them.

Thematic Apperception Test:

The TAT, published by H.A. Murray in 1943,is a set of pictures requiring story interpretations. Although intended mainly for males and females over 14 years, there are, within the 30-card set (which includes a blank card) two 20-card sets suitable for both males and females under and over 14 years.

According to Kagan (1960):

> Apperception is defined generally as the integration of a percept with the individual's past experiences and current psychological state. (p.105).

The subject is asked to make up a story about each picture, describing what happened in the past, what is happening in the present, and what will happen in the future.

While the task of the Rorschach is "to find a realistic shape", the task of the TAT is to "interpret relationships between people."

As the subject puts order into human interaction (via the cards) it is expected that he will identify himself with the "hero" of the story, and, in his story, will reveal the stresses and conflicts in his own life, and how he deals with them. Story incoherence and distortions of the stimuli are considered indices of pathologic thought processes..

According to Kagan (1960):

> Fantasy is an index of neither motive strength nor defensive tendencies but reflects the results of the interaction of these two processes. (p.109).

Despite many years of research, clinicians do not yet have an explicit set of rules on which to base their interpretations. Generally, content categories from young children's records indicate their main concerns are:

1. achievement and status goals.
2. aggression to or from the hero.
3. concern with parental nurturance and rejection.
4. parental punishment and attitudes toward parents.

In this section, I will present:

1. Test results (pre and post)
2. A card by card interpretation of each test.
3. An interpretation of the cards reflecting the content categories of interest to most children.
4. A more general interpretation of change over the year as reflected by the TAT responses.

Thematic Apperception Test (Pre-test)

I 13B (2 sec.)

This picture here is number 13B, a black and white picture of a boy sitting in a doorway. (30 second pause, in which there is considerable noise as the boy blows into the microphone, and, in a sing-song voice, says, "Welcome to the peanut gallery"). Now this boy looks like he's about 9 years old. He looks angry. (In a thin, high voice, he says, "c'mon hurry up, write, write, write, you gotta do some more writing; you gotta hurry, you gotta hurry - laughs - you're going too slow. Noooooooooow - (this word stretches out for 15 seconds) (explosive sounds) (I say his name to get his attention). O.K., to me it looks like what happened in past is - there was a tornado or something that struck the house, and the parents were grabbed up the tornado and tooken away. And now he has no food to eat, right now he has no food to eat. In the future, he'll be put into some type of children's home. (20 seconds of explosive noises, whistles, noises again, followed by his singing "Oh, my darling, Knock three times - Hey girl, whatcha doing down there, dancing alone every night while I live right above you - I can hear the music playing ah, ah,ah, I can feel you body swayin' - ah, ah, ah, One floor below me, you don't even know me, I love you - Oh my darling, knock three times on the ceiling if you want me - this is number 6BM - (referring to the next card, which has been sitting in front of him while he is singing).

II 6BM (3 seconds)

This is number 6BM - how ridiculous - it's another stupid black and white picture - (blows into microphone) - and this was a picture that happened long before, like in the dirty thirties, or the twenties or something, or in the forties. And there's a picture of a man and a woman - an old man - which apparently is believed to be - pardon me - his mother and I guess his son. Now this looks like he's in a high position and got his -uh - hair combed straight back with grease on it. (blows explosively into microphone 5 times) - and, uh - (9 seconds of tapping and blowing into microphone) - and he's looking at the mother, and his mother's looking out of the window - and - when he was - uh - small and was going to school, his mother gave him the money expecting that he would pay it back when he got a job and was in a higher position than he is at the moment - but - uh - he never did and - and his mother will (drags that word out) so silent while she's looking out the window; He told her he kept wondering what's going on, and then in the

II 6BM (3 seconds)
(CONT'D)

future! - 95 second pause) - Get this! - (blows into microphone) - um - in the future = he's going to pay back the money, because sooner or later someone's going to tell him , or he's going to have a dream. (5 seconds) Twice on the pipe (singing again), click click (with his tongue) if the answer is no -ooo - ooo, Oh my sweetness . . . (three tapping noises) means you'll meet me in the hallway, um, mm, mm twice on the pipes, ... means you ain't gonna show, (hums same tune for 8 seconds). Oh, I can hear the music playin', This is number 18BM (referring to next card which has been sitting in front of him while he is singing).

III 18BM (15 seconds)

I can feel you body swayin' um um um (he continues with his singing) One floor below me, you don't even know me, I love you, Mm, mm. mm. mm. mm. Oh, my darling, knock three times on the ceiling if you want me, - NOW - uh, Twice on the pipes if the answer is no, no. Oh, my darling, This is number 18BM. Now! (blows into microphone ten times). Now this is a picture of a man, his name is Dr. Jekyll. And the story is Dr. Jekyll's Hyde. (pause -laughs) Uh, this man, uh, is just a normal man, and he's got a grease cut and everything, and this again happened in the forties or the thirties. . . and uh, he's walking - right now - he's walking down an alley, and he heard a little (makes voice high and thin) peep! peep! peep! (back to normal voice) Peep, peep, you know, and um, he went in, and all of a sudden he just turned his -uh - back to the wall, and he was GRABBED BY A GHOST, AND HIS ONLY VISIBLE PART WAS (voice returns to normal) two hands . . . and one arm with one hand - so that's three hands, and one arm, and, but, as soon as they touch him, he just froze into one position because of the SHOCK. And in the future, this ghost is going to KILL him! (screams for 5 seconds) When you look out your window tonight, pull on the string with the note that's attached to my heart (he's singing again) um mm mm, write how many times I saw you, Now in my silence I adore you, mm, mm, mm, mm, mm. No way in my dream can that wall between us come apart, Oh my darling, knock three times on the ceiling if you want me. This is number 7BM, Bum, 7 bum . . .

IV 7BM (5 seconds)

Now this is a picture of a - in a school. And this is the principal, or Dean, the Dean, Yes! Let's say a university, not a school, and, (10 second pause) . . this student did something very bad, (4 second pause) and he was called in (begins to sing "Then he was called, after school, Tommy had to say in, Tommy had to stay IN ... blows explosively into the microphone 5 times). Now, the Dean is talking to him, and he feels very disgusted - he's in his office - and the man has a gentle, warm ... solid heart. And in the future, they have become to be, have become good pals. Then, all of a sudden, about ten years later this old man dies ... FINALLY ... (laughs) and, uh, this kid of his feels so sad that he's gone, and then all of a sudden when he's sittin' in a chair being disgusted his GHOST - his ghost comes and - into the room at looks at him, and then all of a sudden as he turns his head to look at him, he fades away, leaving only his head, and all of a sudden, Bing!, that disappears! (bang, followed by crunching sounds) Got that straight!

V 7GF (13 seconds)

Now this, in the past, this is number, first of all, 7GF, GF, G, FG7, G7, 7, 7F, F7, Now, (funny sounds in throat) ah, ah, ah, ah, ah, ah, (whistles three times) Start writing, now ... first of all, this, the old, the old, lady in this picture, there's two ladies here, the old lady, seems to be a sick lady, and she gave birth to this child, and now, all of a sudden, you know, she knew that - uh that, this little girl is living upstairs, and uh, one time, you know, she thought she could just, couldn't handle that baby anymore because she was crippled. And so she asked her and she wanted her to take - have her take care of the baby for her, and uh, first of all, she felt uneasy about this, but then she started to read - from the Bible - "The Lord is my shepherd, I shall not want" - Peep! Now, uh, then she's listening intently and then she begins to take care of it, and everything and then when the baby starts walking, it has difficulty walking, and it, too, is crippled. ....(quietly) The end. (blows into microphone a number of times) (begins to sing). I'm on my way to the state line. Everyday, it shines out on the city line, (sings very quickly, words unintelligible) Swee- sweet city woman, (sings very quickly) I feel your voice, I can hear your voice, I can almost touch you, da, da, da, Swee-ee-eet, sweet city woman, I feel your voice, I can hear your voice, I can almost touch you, Mmmm (begins to hum) (hums for 10 seconds) This is number 15!

VI 15 (5 seconds)

(makes gasping breathing sounds into the microphone for 5 seconds) Well, this is a picture of ... a ghost in a graveyard. And this graveyard is full of tombstones all over the place (speaking in high falsetto voice) (blows into microphone three times) And, this man, died, and he was a very rich man. And.. and, and, (in higher voice yet) If you're ready, _____, I will give you a story! and, he died and these people got after his money. Sooner or later they found out, because one of the men, there were three men in all in that gang, one of the men placed a penny on his tombstone. And then, the next night, he woke up, and he - there's a picture of him right here, you know, and he's looking around for them ... little does he know that they're right behind him, about ....TWENTY FIVE YARDS.... Right here, see? Right there! (whispering) And (back to normal voice) in the future, (voice becomes menacing) he's going to track them down, and he shall haunt, haunt, haunt them for the rest of their lives, till their dying days. (crunching noises). That was number 15.

VII 12M (5 seconds)

This is number Mmmmmmmmm - no, no - this is number 12M (blows into microphone twice). Now, this man, this boy - all of a sudden, ah - ah - ah - three nights ago, he fell into a coma. And this man right now is a hy-hypnotist, and he greatly has - has a great power of the mind. Right now (8 second pause) he is - (3 second pause) trying to hynotize him out of this deep coma. He looks like he's meditating. And in the future he brings him out. And his parents say "Oh, how can I ever forgive you? - ah - repay you? not forgive you (in an aside) How can I ever repay you? and he says - "Grant me - a - a - Promise me that when this boy gets married, and his wife has the first, - THE FIRST - child, you will give it to me. (5 second pause followed by laughter) (he bangs microphone).

VIII 16 (2 seconds)

(singing) Oh, it feels so good - There is - Oooooooooooooh! This is number 15 - 16 - and it's a blank piece of paper. And this is a picture - of a white polar bear - in fact there is no other colour in polar bears - anyway this is a picture of a white polar bear eating a vanilla ice cream cone, and all of a sudden a great big snow slide came over him - (breaks into almost spontaneous laughter for 10 seconds - catches himself in about 3 seconds and the remainder of the laugh sounds "put on") Who made that? It's so stupid - a blank piece of white paper! (10 second pause) (then he begins to sing) Oh it feels so good to know she waits at the end of the line, Mm - mm -mm Sweet! Sweet, sweet city woman (bangs the microphone 5 times) A blank piece of paper - Sssssss - how disgusting!

Thematic Apperception Test (Post-test)

I 13B

(15 second delay, in which he laughs once, says "I didn't brush my teeth today - see?", laughs embarrassedly, and finally, after 7 seconds of continuing silence, says:) Oh, wow! (4 second silence) Well (airy, resigned) - this obviously happened in 19- between 1963 and 1968 - ...... in .... Alberta, and .... uh, (5 second silence, and he asks "Have you got the results of any other tests, st-st-st-st-st-st-st?) Oh, wow! (7 second pause). Well, he had this... do you want me to tell a story, like what happened in the past, the present and the future? (I had given him exactly these instructions, so nodded yes) Well, (5 second pause), uh, he doesn't get along too well with his family - poor family relations. (notices his coat fell down) Oh, my coat is on the floor, my floor is on the coat, my coat is on the floor - well yah, the coat is on the floor, and the floor is on the coat - (7 second pause) [redacted] (drags it out for 5 seconds). An he looks to be about 9 years old (8 second pause, during which he gasps, laughs, breathes loudly) and uh, right now he just doesn't have anything to do (10 second pause) and he won't have anything to do for a while, you know, he'll just be bored out of his tree. Whew, (whistles) that's hard. (laughs) (apologetically)

II 6BM (no delay)

Uggh! (sound of disgust) (laughs) Well, it's not a photograph - it's been sketched, and, I'd say this is from the dirty thirties, yah, the dirty thirties (10 second pause) What kind of pictures are these? Uggh - oh, by the way, the other was sketched too. (20 second pause) Uhhhhh, by the way, it's warm enough outside to take a walk. (15 second pause) Well, the old lady is his mother, is this man's mother, and the is this lady's son. Um (5 seconds) and this man, (5 seconds - yawns) has made a ... has made a good - business - you know, like he's a good business man. (5 seconds) What are you writing down? (I reply "What you're saying") Well, I didn't say all that! (5 second pause) ... And, (pauses) (laughs) well, he's a good business man, and um, (5 second pause) his mother didn't want him to be a business man - his mother wanted him to be a - be a dentist (laughs). No, I guess his mom, you know, wanted him to be a preacher! (7 second pause) You know, they just - you know like he wanted to go his own way, you know, and his mother wanted him to go a different way you know - so it's a conflict. Have you got the results of any of the tests? How long does it take? (I explain no and why not) Oh - lazy! (laughs) And, uh, in the future (5 second pause) He'll get killed by a big gang, you know. He'll be

II 6BM (no delay)
(CONT'D)

walking along this street, and this big black sedan, you know, whatever a sedan is, will come up, you know, and there'll be three guys in there, dressed in black with machine guns, and they'll shoot him down. (laughs like villain in movie). And his mom will feel ... (in an aside) let me see, how will his mother feel? - well his mom won't be very upset you know, she'll just have sort of a blank face, you know - and that was 6BM. (5 second pause) Bowels and manure. (laughs) Six bowels to every part manure. (laughs) Uggh (sound of self-disgust).

III 18BM

Oooh - what kind of a picture is this? (20 second pause) Um, this happened in the 1940's - in eastern Canada, and ... you know ..., I remember what I said before - I said it was some sort of ghost, you know ... didn't I? coming from behind - something like a ghost coming up behind him and grabbing him? It almost looks that way too but it's just a - a guy you know, who had too much to drink. You know - guzzle up - and you can tell by the way he is dressed you know - he's just so sloppily dressed Again, this is a sketching. How come they're always black and white - how come they never have any colour? (5 second pause) I should take this to school, you know, and show everybody and ask, you know, "Whaddya see?" Better yet, give the whole class a Rorschach . . . well anyways, this guy was walking down the street. And this guy comes out from behind the alley and mugs him. And he's just so sleepy - you know, so dozy, and drunk that he doesn't know - really too well - what's going on. And that was, 18BM.

IV 7BM

I suppose one of the things that you're gonna mark me on this test is - uh - whether I tell you what's going to happen in the past and what's going to happen in the future, and what's going to happen - you know - what - right now - how reliable - how reliable I'm going to be on that, huh? You're going to mark me on that ey? -"He wasn't really too reliable!" (laughs) (coughs) Again, sketching. Again, sketching - uggh! (12 second pause, during which he sighs) This man is a preacher (10 second pause, during which he sighs again, a sigh of exasperation) And this young man here - young? Well - uh- is uh, like a criminal, you know - a gangster. (15 second pause of silence, ends with a little laugh) And uh .. this man - (5 second pause) (laugh) has .... gotten ...into ... trou...ble (laughs) and I guess he's coming to him for

IV 7BM
(CONT'D)

help? In a special meeting place, you know, and nobody knows they're meeting like this. (laughs) And that was 7BM. What does that BM mean? Notice that my voice is getting deeper?

V 7GF

Um - beautiful - O.K. This fat old lady (laughs) is the little girl's godmother, you know. (12 second pause) And she's holding one of her favourite - again, sketching - she's holding one of her favourite dolls, you know - in her lap. And they're in the sewing room - sewing room - and they're lesbians - (laughs) no, they're not - This is 7GF - are you writing that down? Are you writing that down? (laughs) Well her - her measurements would be about uh - the (laughs) uh, the ... the ... god - the godmother, her measurements would be about 60 - 52 - 60 - 52 - 60 - 52 - 56, you know. (5 second pause) (chortles) and - and this girl, you know is fond of this boy, you know, in her classroom, in the next room, you know - at school ..... and I guess, you know they're talking about him ... and then it'll wind up that she doesn't, you know, after the conversation, she won't have such a ... you know, she won't be as fond of this boy any more. Got it? Good.

VI 15

Oh - Wow! A sketching again. (7 second pause) Um... us - Scrooge. No it's not Scrooge. Ummm - scene is in a graveyard and this man is lonely. (5 second pause) Do you ever Rorschach or - or give your children this test? You did? Have you got the results? What's it like? What's your middle girl's I.Q.? I won't tell anybody else. Just tell me. (I refuse) Oh, come on! Tell me. One --- two ---- THREE! And his only friends are the people in this graveyard, you know. He's never met the people, you know, when they were living, but just sort of talking to them. Ah .... year about 1940 - 1950. That's one-five. Yah......

VII 12M

What is this - faith healing or something? Sketching again. (10 second pause - sighs twice) This lady is on her deathbed, and this is her grandfather. (10 second pause) You know what I mean by deathbed? (10 second pause) How many more of these? (I tell him one more after this one) One more? Good! and then we can .... gad at some - um, this, like she's on her - she's dying, you know, and he - like

VII 12M
(CONT'D)

she hasn't been too closely related you know, to religion, you know, been going to church, you know, very often or anything - Anyways, this man - is a grandfather of hers - (5 second pause) this grandfather of hers is sort of like - uh - praying with her so that she'll go to heaven - she'll have a better - a better - a better chance of going to heaven than to hell .... you know ..... um .... and uh .... ah ...... this is 12M.

VIII 16 (blank card)

Sixteen .... What is this? (laughs) Is this really... it? Well, I can't really say it's a sketching. (6 second pause) Um .... it made me think of .. um .. it made me think of a cartoon that I read - saw - .. a long long time ago, you know. And then this same joke was repeated on Batman - (laughs) - and the joke is - there's a white polar bear in the north, eating an ice cream in a snowball blizzard ... oh snowball! (annoyed at self for incorrect choice of word) - in a snow blizzard, you know .. and uh, he got covered by snow (chuckles). You know, everything's white, you know. (still laughing quietly). If there was supposed to be a picture on here, then the copier failed. (laughs) Didn't work so well.
(He volunteers the following)
I remember this - I remember this part of Flowers for Algernon, was when Charly Gordon was given this test. And he said, "I don't like telling things about other people", you know when I haven't met them before", or anything like that, "you know, I don't know what they're like and I don't want to tell stories about them" you know . . . I think it's like he feels that he's lying, you know, about them. Like you could say this person and this person look very happy and this person, this other person, you know, is very sad. You know, actually, you know what I mean - he might be happy, you know, the way he feels, you know. So.... I don't remember getting this before! It's been erased from my mind, like something's been erased from here (pointing to a spot on the blank card) - kind of a dirty paper, you know.

TAT Report (Pre-Test)

At the time of the first administration of the Thematic Apperception Test, the Boy expressed a deep emotional hunger, a hunger for human love and contact. He was angry at the persons from whom he especially wanted this love, his parents. His was the anger of frustration.

In response to the first TAT card (13B), the parents were swept away by a tornado. The Boy feared letting his parents know how angry he was at them for their not loving him the way he needed to be loved, and when he indicated that the parents were swept up and "tooken" away by a tornado, the punishment to him, for punishing them so, was that he, now homeless, would be put into a children's home. In this home, he knew he would probably have food to eat, that is, have his basic physical needs cared for, but that was probably all.

In summary, if he expressed to his parents how angry he was that they didn't love him, his parents would somehow be taken away, and he would be left alone, hungry, angry and homeless. A substitute such as a children's home would probably fill only his need for food, at best. There seemed to be no solution to his problem, as he saw it.

In his response to the second card (6BM), expresses an internal need to express his anger toward his mother, who, when she gave him love (symbolized by money) expected him to pay it back. He wanted to reject his mother, but did not, or could not. Instead, he resolved to pay her back when he could.

In response to the third card (18BM) he expressed the danger he felt from vague "others" around him. In order to protect himself from this danger, which seemed to come from all sides, he "froze

Somehow, these others wish to harm him, he is convinced, and the only way to save himself when threatened is to "lie low." (With the implication that if you don't you will be killed.)

The next response (7BM) revealed that he greatly desired contact with a mature male figure, but, at the same time, had ambivalent feelings toward this same figure. This person, whom he suspects has a "gentle, solid" heart, he wishes dead at times. However, along with this thought is overwhelming guilt, for he feels that if he does "bad things", he will be haunted.

The next response, to the fifth card (7GF), indicates that the Boy feels a strong need to be unmanageable, to fight off efforts to manage him, or handle him. Whoever is trying to handle him uses the Bible to back up her authority. He feels helpless, and begins to see being crippled as one way of avoiding this type of control.

The next response (15) reveals how the Boy, when other persons, especially persons in authority bother him with their never-ending demands, deals with this problem. His solution is to "bother them back", bug them, annoy them, pay them back.

The second last card (12M), expresses the Boy's conviction that he is somehow in a less than fully conscious state, and is being kept that way by his parents. Seemingly concerned for him, the parents hire a hypnotist with great powers of the mind to bring him out of this coma. However, when this begins to happen, they say "How can we ever forgive you?" No, repay you" he corrects. The Boy himself is convinced that the "hypnotist"will save him.

His final response expressed a need to remain hidden, anonymous; even though things press in on him, he must not "bare" anything.

TAT Report (Post-test)

At the time of the second administration of the Thematic Apperception Test, the Boy comes to terms with some of the difficulties in his life.

The response to the first card (13B) (boy sitting in doorway), the Boy indicated that he didn't get along well with others in the family, that there was "poor family relations." He could see no possibility for change in this conflictual situation, and his solution was to be bored, to wait it out, to resign himself to the "fate" of the situation.

In the second card response (6BM) (man and older woman) he expresses a need to be himself, and an awareness that his mother wants him to be as she wants him to be. He is still afraid that if he expresses himself it will "kill him", and that his mother won't care about him, even if he dies, unless he does as she wants him to do. He sees no way out of this one, offers no self-directive.

In the third response (18BM) (man being grabbed), he expressed a desire to be let alone, half-conscious, half sleepy. The problem is that he may get "mugged" in that state. The solution, as he sees it at this time, is to get even more sleepy, more "drunk",more unconscious. The inner conviction is that lying low, playing possum, is a good policy in his situation.

Response to card 7BM (younger and older man) reveals the Boy's need to be good, but he feels he is in trouble. From the outside, he feels he is seen as bad. He goes for help, secretly, to an older person who offers help. He is convinced that someone in a situation such as his must go secretly for help to someone outside the situation.

In response to the fifth card (7GF) (older woman, little girl and doll), the boy expresses a need for love, and recognizes the possibility of receiving it in a relationship which is thwarted by a female authority figure. His solution: when you can't get what you need, dull or reduce your desire for it - feign unconcern.

Card number 15 (man alone in a graveyard) response expresses the Boy's loneliness, his need for companionship, friends, as well as his recognition of the fact that all possibilities for such relationships are "dead" to him.

Second to the last response, (12M) (figure on bed, man sitting beside) expresses the boy's need to be forgiven, or saved. He experiences himself as dying, and his solution to that problem is to go unconscious. Although others pray for him, for his soul, he knows all is lost, but still holds out hope for happiness after death.

In his last response (16) (blank card) he reveals his fears that his "dirty" secrets are showing, and expresses a desire to stay hidden, to whitewash the truth.

3. Comparison with cards reflecting content categories of interest to most children:

1. Achievement and status goals:

Although I did not present the subject with the cards designed to get at this category, the Boy reflected some of these feelings in his response to card 6BM, in both the pre and post test.

Pre-test: The "Hero" manages, when he is a man, to get into a "high position." However, he has feelings of guilt toward his mother who, when he was small, lent him the money to help him get where he is today. She expected he would pay her back, but he has not yet done so, and this causes him inner conflict. Even as he says he intends to pay it back some day, the subject cuts the story short and carries on with the singing which was a large part of the pre-test performance.

Post test: The "Hero" has again become a good business man, only to find out that his mother did not want him to become a business man; she wanted him to become a dentist - no, a preacher. He had wanted to go his own way, but his mother had wanted him to go a different way. His punishment for going his own way was going to be that he would be killed in the future.

Interpretation:

The conflict hasn't changed, but the Boy sees it more clearly now. He admits more openly that his goals for himself are very different than his mother's goals for him, and his fears of what will happen if he goes his own way.

2. Aggression to or from the hero: (card 12M)

Pre-test: The hero in this story is in a coma. A hypnotist is trying to bring him out of it. In the future, he manages to do so, and the parents of the boy say "How can I ever forgive you?" instead of "How can I ever repay you?"

Post-test: The hero this time is a lady, on her deathbed and her grandfather is praying for her so that she will have a better chance of going to heaven than to hell.

Interpetation:

In the pre-test, the Boy saw himself as being kept half-conscious by his parents, who hire someone to "save" him, and then regret it when he (the hypnotist) does. In the post-test, though the hero is now a woman, the story-teller feels all is lost, and trusts that a kind relative (grandfather type) will save him.

3. Concern with parental nurturance and rejection: (13B)

Pre-test: The Boy fears that if he expressed to his parents just how angry he is at them for not nourishing (loving) him, he would be punished by a force great enough to sweep them away forever. The consequences of that would be that he would be homeless, with no food to eat. Behind his anger is an even bigger fear, should he express that anger.

Post-test: The situation hasn't changed much, except that the hero is now bored. The problem remains the same - "poor family relations." There is no change in sight.

Interpretation:

The Boy was very much afraid, when he first came for counselling that if he let his parents know how angry he was at them, the penalty would be severe. At the end of the year, although the home situation hasn't changed, and there is no change in sight, the Boy's attitude is now one of boredom, resignation rather than acceptance.

4. Parental punishment and attitude toward parents: (7GF)

Pre-test: A female parent type is using religion to back up her authority with the hero (in this case a girl). The hero sees being crippled as a way of avoiding the control. The lady gave birth to a crippled child, and asked the hero to look after the baby. It too became, or was discovered to be, crippled at just the age when it should be walking.

Post-test: Now the older lady is the girl's grandmother. They discuss a boy the girl likes. After the discussion, the girl is less fond of the boy, as the result of the discussion (implied).

Interpretation:

The Boy felt, in the pre-test response, as if the authority figures in his life were trying to influence him by using religion to frighten him into subservience. On top of that, he felt the weight of too much responsibility, and the half-conscious awareness that one way of avoiding responsibility is to become crippled, as had the lady and the baby in the story. In the post-test response, the escape route no longer exists. Instead, the "hero", after consultation with the authority figure, alters his desires.

Summary: Pre and post-test, and observations of changes over the year:

At the time of the pre-test, via the TAT cards, we see a frightened and angry boy. Generally, his responses indicate a deep emotional hunger, a hunger for human love and contact. He is angry at the kind of love he is receiving, one which requires that he pay something back, but fears that if he expresses that anger, he will lose what little love he has. He feels himself in danger of being overpowered, but he is not sure by whom. He displays a compassion for, and desire to communicate with an adult male (his father?), but there is some ambivalence toward this person as well. He fights off efforts to control him by actively annoying those who attempt to do so, and, at a less conscious level, considers an escape route into illness (7GF - becoming "crippled").

The Boy feels helpless in the face of his problems, and puts his faith in an outside person (12M) to "save" him. His only strategy otherwise is to remain hidden or anonymous, no matter how great the pressure to reveal himself.

At the time of the post-test, the poor family relations still exist, but, rather than the fear and anger, the Boy has attained an attitude of resignation, which he identifies as boredom,(13B). He expresses a need to be himself, and an awareness that his mother would like him to be otherwise. He is beginning to think that perhaps it is better not to see so clearly after all, and that it is wiser to "play possum" than stand up for your rights. Inwardly, he feels he cannot manage on his own yet, and must get help, one way or another, (7BM). He feels as if his meaningful emotional contacts are being thwarted by a female authority figure. There is depression accompanying the realization of the hopelessness of the situation, and a half-conscious tendency to "end it all", (12M). He still tries to hide his real self, which he is convinced is not so nice.

C. Pathogenic Indicator

HOD - The Hoffer Osmond Dimension of Schizophrenia: Pre and Post-Test

This test was designed to differentiate schizophrenics from other diagnostic groups, and from normal people. It's 145 items are aimed at revealing aberrations in perception, thought and feeling. However, this research instrument is in an early stage and requires further statistical analysis. Schofield (1965) notes that the failure to use customary analytic techniques in item selection, and the blatant item content results in a test of limited diagnostic utility. Apparently there is considerable overlap in the score distribution of schizophrenia and non-schizophrenic patients. Where borderline pathology is suspected, the test would yield a high rate of false negatives.

The subject simply marks each item either True or False, as it applies to him. In the pre-test, the subject marked 64 items True, whereas in the post-test, he marked 80 items True. This would appear to indicate an increase in schizophrenia, as measured by this test, over the year-long interval.

Test performance actually improved, however. It took the Boy the better part of two hour long sessions to complete the pre-test, and approximately twenty minutes to complete the post-test.

D. Developmental Complexity Measures

Cognitive

a. Paragraph Completion Test: The Paragraph Completion Test for conceptual level was administered three months after counselling began. The important aspect of conceptual complexity, according to Harvey, Hunt and Schroder (1961) is the classification of persons into four levels along a concrete - abstract continuum. Each level-system is regarded as that group's own particular way of viewing or understanding other persons or situations. More complex persons are considered to have more highly differentiated structures. Thus, individuals functioning at the more concrete end of the continuum will be more likely to categorize persons and situations in terms of black and white, while those functioning more abstractly will see "more shades of gray", that is, will be able to make finer discriminations.

Using Schroder's (1967) Integration Index, the Boy's responses fell into the lowest system. System I individuals respond with a single fixed rule with no alternative interpretations considered. These individuals view conflict and uncertainty as unpleasant, seek fast and unambiguous closure, imply that an absolute solution can be found, and present one side of a problem while ignoring differences and similarities with other views.

The Boy's responses were:

1. What I think about rules ... Rules are made to be broken. Some are very stupid!
2. When I am criticized ..... I feel rejected.

3. What I think about parents .... no response.
4. When someone disagrees with me .... I feel like shutting them up.
5. When I am not sure .... I think.
6. When I am told what to do .... depends by who, if parents, depends on what.
7. The best way to learn is .... not too often by experience.
8. The most important thing in teaching is.... the student should be taught as an individual. The teacher should be calm but sort of "strict."
9. When I am working on my own .... depends on what I'm working on.

Whether or not this is the Boy's actual level of conceptual functioning is questionable, to me. The Boy's attitude toward taking the test was very defensive, resulting in his being more negative than usual. On the instruction sheet, there is a written "yes, sir" response from the subject.

b. Carr's IDT: (Interpersonal Discrimination Test)

Carr(1965) developed his test to investigate the role of conceptual systems in interpersonal discrimination. System IV persons, more abstractly functioning persons, make finer interpersonal discriminations than do System I (more concretely functioning) persons.

The Boy was unable to complete this test, even with my help. First, he was to write the names of three persons he knew and generally liked. The first one named was "It". Second, he was to name three persons he knew and disliked, or liked least. He was not to use relatives. Mrs. S., the Social Studies teacher, was liked the least. Next, he was to list three qualities about himself which he liked. He was stopped at this point, and, even with my helping him each step of the way, he was too confused to proceed.

Moral

a. Kohlberg's Moral Complexity Measure: Kohlberg (1963) added another cognitive developmental stage theory to the literature. There was considerable overlap among existing stage theories in terms of stage descriptions and stage sequence, and Kohlberg's (1963) theory seemed to be the best representative in terms of conceptual clarity and empirical support.

One of Kohlberg's main investigations was the study of the relation of the development of moral thought to moral conduct and emotion.

The Boy enjoyed taking this test. The score (assessed by myself and another trained rater) indicated that the Boy was functioning at Kohlberg's fourth stage, with some responses at the third level, and a few at the fifth level.

Type 4, an intermediate stage of development, is characterized by the following attributes:

1. An understanding that moral value resides in performing good or correct deeds, and meeting the expectations of others.

2. This type usually conforms to avoid reprimand from authority figures, and the guilt resulting from the need for the reprimand.

In contrast, at lower levels, moral value resides in bad acts rather than persons or standards, and, at higher levels, value resides in conformity, decided by the self, to shared rights or duties.

Emotional

Percival (1970) noted that, while cognitive developmental stage theories were adequate for defining stages as integrations, they were inadequate in delineating underlying processes. In that respect, the theory of positive disintegration (Dabrowski, 1964) may be considered unique. Its contribution was that it complemented the stage theories in that its strength, which was developmental process, was their weakness.

Dabrowski's (1964) five stages include two integrations (first and last stages) with three disintegrations between. The integrations are stable cognitive structures, and the disintegrations are a loosening, a disorganizing of the first integrative structures in the service of movement toward the second integration, also the last stage.

Developmental dynamisms may be either integrative or disintegrative. They are fashioned out of the original, less well-differentiated overexcitabilities: psychomotor, sensual, imaginational, intellectual, and emotional.

Disintegrations are noticeable for their emotional elements. Throughout the disintegrations, psychomotor and sensual overexcitability come under the firm control of the intellect, the imagination, and especially the emotions.

In order to tap the emotions, and obtain a measure of developmental level, Dabrowski (1972) developed the Verbal Stimuli Test, a test aimed at eliciting free response answers to emotion-laden stimulus words.

a. Verbal Stimuli Test: Though designed originally for adults, this test has also been used successfully with children. It was administered to the Boy approximately three months after counselling began, and he responded defensively to it and other tests at this time. He was asked to tell how he felt about each of five stem words or phrases, and his responses were:

1. Happiness - I feel lightly, energetic, gay.
2. Sadness - Miserable, mean, want to hit (shut up).
3. Loneliness - Down in the dumps feeling, longing to meditate.
4. Nervousness - Shakey, reflexes are very, very fast!!!!
5. What I'd like to be when I grow up: ? Bum. Drug addict. (in very small letters)

b. Overexcitability Test: (administered several weeks after Verbal Stimuli)

This test consists of 50 items aimed at measuring overexcitability. The Boy responded more favourably, quickly filling in all the response blanks. His scores were: (out of a possible 10)

psychomotor overexcitability - 8
sensual overexcitability - 8
intellectual overexcitability - 9
imaginational overexcitability - 7
emotional overexcitability - 7

A score such as this is considered by Dabrowski (1972) to reflect "accelerated developmental potential."

Conclusions:

It is difficult to draw conclusions with certainty from the results of the cognitive, moral and emotional complexity tests, for two reasons:

1. The present state of the research instruments themselves.
2. The changing attitude of the Boy toward the tests.

I believe the Boy was actually functioning at an abstract, as opposed to a concrete level of conceptual functioning, or, at least at an intermediate level. It was obvious that he was experiencing a disintegrative process, one which frightened him and puzzled others around him.

His overexcitability was high, and, at the beginning of counselling, psychomotor overexcitability was prominent. Over the 15 months, the Boy gained considerable control of his psychomotor overexcitability.

Unfortunately, post-tests were not administered.

General Conclusions from Results of all Tests Administered:

A. Intelligence Tests

Four of the five intelligence tests administered indicated that the Boy was of above average intellectual ability. His anxiety had interfered with test performance at the beginning of the year. Even during the administration of the first test, the administrator, a stranger to the Boy, suspected that the Boy was, because of his fear, not able to do his best, and administered a second test to determine whether or not this was the case. This interference from anxiety was probably an indication of what had been going on in school, that, under stressful situations the Boy had been unable to use his intelligence beneficially. Coupled with this problem was the Boy's tendency to decrease his effort, during the test, as a ready excuse for possible failure. His "flip" attitude, and seeming unconcern were his major defensive tactics, used, probably, to hide just how important it was to him to succeed at academic tasks. His anxiety seemed to have decreased over the year, although he still had a tendency to prepare for possible failure, though no longer in terms of diminished effort. His defensive humour also decreased somewhat, and he was more able to admit just how important it was to him to do well.

B. Projective Tests:

The Self-Report measure, designed by myself, was not as helpful as I hoped it would be. I thought it was halfway between an objective and a subjective measure, but, in fact, it had threatened the Boy with its' directness. The changes in his responses, in the pre and post-tests, are of interest. The test was, I think, generally, not much use.

Responses to the Rorschach indicated that the Boy became more intellectually productive over the year, but this increased production was accompanied by a decrease in his ability to organize incoming stimuli. In general, it appeared he was capable of better judgement about the information he was now perceiving and organizing. It is pretty obvious that the Boy had suffered emotional deprivation at an early age. His emotional responsiveness increased over the year, though it expressed itself in a somewhat impulsive fashion. I feel this was a necessary first step in his learning to accept and control his emotional over-reactivity to his environment.

His emotional maladjustment remained much the same, except for the fact that the Boy was now more aware of his conflicts, both internal and external. He seemed to be experiencing a lessening of the hostility and aggression he felt toward others, and, while no less aware of others, he was somewhat less anxious about their opinion of him. His defensive hostility, masking his anxiety,had decreased. In short, his behaviour was becoming more acceptable to others, and, I suspect, to himself.

At the beginning of the year, the Thematic Apperception Test responses revealed a frightened and angry boy. His fear, greater than his anger, kept him from dealing with what angered him. He was particularly angry at the two people closest to him, his parents, for the way they demanded repayment of love in the form of unquestioning obedience. As bad as his situation was, he was very afraid that, if he expressed his true feelings about it, he would lose what little security he had. His anger manifested in small ways, i.e. behaviour designed to annoy others, and pay them back for imprisoning him, as he saw it. Because of a poor self-image, the Boy considered himself incapable of meeting the demands of his world, and was preparing a number of ready excuses for failure. At some level, he recognized his intelligence, but he didn't "believe" it. He felt helpless in the face of his problems, doing what he could to remain hidden, and, after he met me, hoping for me to save him. At the end of the year, his fear and anger had given way to an attitude of resignation. The main difference was his increased awareness, his ability to articulate his conflicts, both internal and external. The feeling of helplessness remained, and he continued to use "lying low" as a survival strategy.

C. Pathogenic Indicator

Responses to the HOD indicate that the Boy became more schizophrenic over the year in counselling. A noticeable difference in his attitude to the test was that it took him 20 minutes to complete the post-test, while it had taken him, previously, almost two hours to complete the pre-test.

D. Developmental Complexity Measures:

The Boy's responses to the Developmental Complexity Measures, all administered as pre-tests only, were extremely defensive. At the beginning of the counselling year, it appeared that the Boy was functioning at a concrete, as opposed to an abstract level of conceptualizing, though I personally doubt this. Also, he was unable either to make fine interpersonal discriminations, or just unable to concentrate and cooperate the day the cognitive complexity tests were administered.

The moral complexity test responses indicated that the Boy enjoyed taking it and was challenged by it.

One of the emotional complexity tests was impossible to score because of the "flip" way in which the Boy responded. The other, the overexcitability measure, indicated that he manifested signs of "accelerated developmental potential", the seeds of truly human growth potential. Children displaying increased overexcitability respond far beyond what is appropriate to their environmental stimuli, occasioning conflicts with others. Children with accelerated developmental potential can be "difficult" from as early as 2 years of age on, when the first signs of disintegration show in the forms of capriciousness and sudden mood changes. During puberty, such signs become even stronger.

Changes were best observed in the intelligence and projective tests, especially the projective tests, since pre and post measures were obtained. The remaining tests, particularly the developmental complexity measures, point to areas requiring further investigation.

CHAPTER IX

EPILOGUE

In this concluding chapter, I will recount to the reader the information I have concerning the Boy and his life since the counselling ended. Since that time I have come to know "It" better, and he told me what he knew of the Boy. "It" was a young man student who rented a room in the Boy's parents' house. His age was about twenty.

One week later:

I saw "It" today and he said the Boy looked pretty happy. He and his father seem closer but his quarrels with his mother are growing stronger.

Two weeks later:

I phoned the school counsellor (young woman counsellor the Boy claimed he liked) but she's been away for a week so was not aware of how the Boy is but will check. She understands the Boy and his father will be seeing, or have already seen, the psychiatrist. She said she'd have the school psychologist phone me.

Three weeks later:

The Boy phoned - from the downstairs extension, after telling his parents he would be using the phone and asking them not to disturb him. He was quiet at first, not his usual talkative self. When I asked him how he was, he said "As well as can be expected." I asked about, (1) his tutor (he moved to another town), (2) his social studies (he still has an hour a day detention every day after school), and (3) "It" ("he finished his exams and is playing around with his damn guitar").

He became more talkative and talked about having seen another psychiatrist than the first one. This one wants to hospitalize him for two weeks. The Boy said it wouldn't be easy to go because the kids at school would ask him where he had been. He didn't know what the outcome would be - whether he would go or not.

A schoolmate had invited him to a party the previous Friday evening. There were seven boys and four girls there, and the Boy had sat and hugged a pillow because of his "insecurity." His parents had been afraid to let him go to the party because they thought it was a trick and that a gang of ten boys would get him there and beat him up. This, he said, was why he needed a pillow.

He saw the show he had wanted to see, and, as he had planned, sat through it five times, from noon till ten in the evening.

He may go on a visit during the holidays. He asked what I'd say if he told me he was going to fail Grade 9. (I told him I wouldn't believe him). Two of the teachers have been telling him he's not going to make it if he doesn't "smarten up." He plans on going to a high school which would get him out of his district and away from the kids he has known, and been plagued by, for years.

Suddenly, he said, very casually, "I'll see you" and hung up.

Six weeks later:

"It" took the Boy out for a drive, and brought him to see me. He looked very white and tense, and, while he allowed me to take his hand, showed no signs of moving toward while there were others in the room. We moved to another room, and the first thing he said was that he thought"It" - "Took him along, but didn't really want to" .. I said, "Don't mistrust "It" - he loves you." He began to cry, but continued to look and me and said "I'm so happy." We looked for some Kleenex. I hugged him, then held his hands while we talked.

He said that although the new psychiatrist he had seen wanted to put him into hospital for two weeks, nothing had come of it. His parents, particularly his father, didn't want him to go. His father told him "If you want to go, go, but it will ruin your life."

The second psychiatrist, in talking to the Boy, had asked him how he felt about his mother. The Boy was anxious about telling him, and the psychiatrist said, "Don't worry, I won't tell her", so the Boy said he didn't like his mother's cooking, because it gave him stomach aches. Later, when he and his mother were on the way home, she said to him "What's this about my cooking?"

His social studies teacher had stopped his after-school detentions because "she can't stand the sight of me anymore." Even the teacher who used to like him dislikes him now, and his other marks are going down.

The Boy said "I've been doing some thinking, I am self-centered and hypocritical. I tell "It" to clean up his room and then I go down and look at mine - it's a mess!"

Throughout the short while we were together, he was physically "clenched", his hypersensitivity extreme.

7 weeks later:

I phoned the school psychologist, who apologized for not having phoned me. She had talked with the parents, and knew the father had refused to allow the Boy to go to the hospital because of the shame to the family. She knew the Boy had seen a second psychiatrist, and had understood he had liked him. I told her this was not my impression. I also told her that the first psychiatrist had phoned me to say that even though I was out of the picture, someone would keep an eye on the situation. She said she understood the father had agreed to go to the psychiatrist with the Boy, and that the doctors want the Boy in the hospital. She feels one step may lead to another, and said she would work toward that goal.

2 months later:

The Boy phoned to tell me he is getting caught up in social studies, and got 100% on his most recent test in that subject. His teacher congratulated him sarcastically, he said, on his result. He asked if I knew if or when he would be going to hospital, and said he did not. Generally, he sounded somewhat bitter, resentful.

2 months and 2 weeks later:

The Boy phoned and sounded enthusiastic. He had several things to tell me:

1. He is writing final exams now and they are going well. He feels he did well in social studies. He remined me again that he is going to a high school outside of his district, and is pleased about that.

2. He had been on a trip to the mountains on the weekend

with a group of young people from the church. The weather was "beautiful", they stayed at a hostel, the kids were nice (except for "one good-looking Grade 9 girl who was fine until she opened her mouth").

3. He is going to see a doctor about his acne and another doctor about his stomach aches, which have become more frequent.

3 months later:

He phoned to say the family had just returned from holidays. He sounded cheerful, and suggested I might meet him some day and we could to to a show. I said I would not, but that I would meet him for a coke before he went to a show.

Same day as above:

"It" phoned to say that the situation in the home was no less tense, but the Boy seemed to have learned to not argue with his father, and to sit quietly while his father aired his views. He said the Boy had become a "Jesus Freak", and that pleased his mother, and they no longer quarrelled.

Next day:

The Boy phoned saying "Quick, quick, watch (named a T.V. program) - it's about young people and Jesus. Did I tell you I'm a Jesus person now?" and then said he'd tell me another time because he was in a rush.

3 months and 2 weeks later:

He phoned, alone in the house because his parents had gone to the lake, and he had not gone because he always gets into a "hassle" with his father when the family goes out together. I couldn't talk that long because I was sick. He accepted that rather grudgingly.

4 months later:

He phoned and asked if I would meet him so he could return several books to me and give me a painting he had been promising for some time.

He had grown taller - my first thought was "Thank heavens I cuddled him when I did - he'd be too big now to accept it so readily." We went for a walk together. I observed that he was now taller than me, his hair was styled similar to "It's", his skin was clearing, and he had braces on his teeth. The Boy himself was quite pleased with theses changes. I commented on them immediately. He held my arm tight and said "I have so much to tell you!" He is excited about the new school he will be going to, he had to enlist the support of his social studies teacher in order to go there. I observed he did not have that "scapegoat" look about him. He said the book of poems I had given him were as difficult to read as was the Old Testament, and he said he hoped I liked the painting. I did. It was a splash of colours.

5 months later:

"Just a call to say hello." He was enjoying his new high school, but several kids sitting near him bugged him, and he told the teacher. The teacher said, "You shouldn't be doing this - you're in senior high." He told me he'd go to the principal if it didn't stop. I suggested the school counsellor.

He has joined several clubs, and looks forward to taking part in the activities - drama, debating and video-taping.

He mentioned "It", and said he was changing. "He probably thinks I'm changing too - I think I am. He said "There are a lot of cases of misconceptions and misunderstanding. I am suffering from a vague case of delerium, while "It" sits there staring at everything from a psychological point of view, analyzing everyone and everything."

He said he'd found a friend. He saw him staggering under a too-heavy load of papers one day, and offered to help (remembers his own paper route days) and the friendship began. He said "My only friend, and hastened to add "Not excluding you. You'll always be my friend." He shared some metaphors: A gaggle of girls; a blush of boys; a scream of teachers.

He talked of looking down (from a high building) on the city at night "People going here, going there, going nowhere."

Said, We'll have to meet - not just for an hour, but 4 hours so we don't have to rush, or miss anything."

6 months later:

He phoned me from "It's" room, sounding happy. He had consulted the school counsellor instead of the principal and had peaceably resolved the difficulty with the boys who were bothering him. He was obviously pleased with the way the counsellor had handled it. His secret idea of how it might have taken place was the counsellor saying (mock gruff voice) "Alright you boys - leave this fellow alone or I'll set my boys on you." He wanted to see me, he said, so I gave him my new office location.

6 months, 1 weeks later:

He dropped by my office on his way home from school, after telling his parents he would be going to the library. He hugged me once and then wanted to sit close while we were talking. When telling of incidents, I observed a new mobility in his facial muscles. It was interesting, and I couldn't quite discern what it was. He had grown even taller.

He had a lot of jokes to tell me, and then went on and talked of his father's continuing headaches, which are apparently caused by high blood pressure. The Boy had resolved to not argue so much because of this. He showed me the calm manner he tries to maintain when he talks to his father. (It looked aloof and somewhat superior). He did several spontaneous and humorous skits on cigarette smoking. He then asked if I could arrange a video-tape so he could see what I thought was so amusing.

As he was leaving, he said "Oh, I didn't tell you about my hash trip.

6 months, 3 weeks later:

The Boy phoned. I was busy and suggested we talk the next day, if it were possible for him. He agreed, and said he'd drop by my office on his way home from school.

Next day:

He was very subdued. He went downstairs and bought an ice-cream treat and then, when we were finished, showed me a hospital bracelet. When I asked him about it, he said he'd been in hospital for five days, and had just been discharged the previous day. When I asked "Why?", he wouldn't answer. Then I asked "Your stomach ache attack?" and he said "That's what the teachers think." He said, "I'll tell you" but then talked away on tangents time and time again. Finally, he began.

Apparently he had gone to the family doctor for a certificate for an excuse to refrain from taking physical education at school. The doctor asked him if he was always so depressed. Surprised, he said "Isn't everybody?" The doctor gave him a prescription for fifty anti-depressants. Two nights later, while his parents were out, the Boy took thirty of them. Upon arriving home, the parents found the medicine cabinet broken into, shook him awake and took him down to the hospital to have his stomach pumped.

During the appointment with the family doctor, the doctor had asked the Boy if he had ever taken drugs. The Boy said "You mean illegal ones?" and the doctor said yes. He confessed he'd tried it once, but didn't "get off on it." The Boy's parents phoned to see what kind of pills the doctor had prescribed, and the doctor asked them if they realized that youngsters as depressed as the Boy often turn to drugs. The mother said "Not our son - he wouldn't do that!" "On the contrary", the doctor said, "he already has."

The Boy said his parents are now blaming his suicide attempt on his drug-taking, (the illegal kind). The Boy felt betrayed by the doctor. "If I was over 18 he could be sued for breaking a confidential issue."

While in hospital, the Boy saw the second psychiatrist, but doesn't trust him since the incident re: his mother's cooking.

His behaviour was very unusual. He rudely talked at three persons who were walking by, tried to stop the janitor from pushing the cart past us, and jumped from one topic to another. His eyes looked wounded.

While in hospital, he had become concerned about a boy who was burned, and who was also epileptic. He wanted to (and did, after he left me) go back to the hospital to visit him.

Next day again:

I phoned the first psychiatrist, but was unable to contact him.

Same day as above:

"It" phoned. He had just found out the Boy had been in hospital. He had asked for him during the week and his parents had said he was "visiting a friend."

Two days later:

I reached the first psychiatrist, who was already aware of the situation, having been contacted by the second psychiatrist. I told him "It" told me the Boy now "sits and rocks and hums" and he said "I'm not surprised."

Same day as above:

"It" phoned. After a brief wrestling match with the Boy, he had sat on "It's" knee for two hours and told him all about his experience in the hospital. He even wanted to kiss "It" and "It" to kiss him, but he refused "Uh - huh - I don't kiss guys." The Boy told "It" he's going to be put in a home, in three or four weeks, for all week, and he would be home weekends.

"It" said the parents are "overly, overly" nice. The father asked "It" if he thought he (the father) was smart, not once, but a dozen times. "It" said "I think he's paranoid."

The night they Boy took the anti-depressants, he had done so, then gone up and asked "It" what happens if you slit your wrists, and then had left and gone back to bed.

After having his stomach pumped, he had passed into a coma, which lasted twenty hours, and during which time his father stayed with him.

"It" and his girlfriend were allowed to take the Boy to a show two nights ago. "It" has an alarm system set up in his room, because he can't tell if the Boy's father likes him or hates him, and he thinks he has a key. "It" thinks the Boy is "getting it back together", but still seems to need a lot of touching.

Apparently the family doctor suggested to the parents that the Boy be kept away from such records as Jesus Christ Superstar, Tommy, (the boy who can't see, hear or speak), and certain T.V. shows, especially Startrek, his favourite, because he is losing his identity by listening to these too much.

7 months later:

The Boy phoned to say he had bought two new records. Apparently arrangements have been made for him to go to a hospital-like place. School - "I'm so damn tired - I've caught up but I just can't seem to understand what's going on." He talked again about the hospital, and how concerned his father had been, smoking too many cigarettes, drinking a lot of coffee. Even after the Boy was fine his father was worried. He had said to the Boy "You're my only son." Do you worry about your kids like that, the Boy asked, obviously pleased with his father's expression of concern.

7 months, one week later:

"It" phoned. It looks as if its settled and the Boy will be going to a live-in center for three months. The parents are now saying the Boy is hopeless again. The father says he (the Boy) is insane, and doesn't know what he's doing. Whenever the Boy annoys him, he says, "Well, you don't know what you're doing, you're insane and not responsible, so I forgive you." The Boy told "It" that the best way to commit suicide is by electrocution. Hold two wires and get into a tub.

7 months, two weeks later:

The Boy phoned from the hospital setting. He was being tested for admission. He looked forward to going to school in the hospital. His parents said they are not coming to visit him, and if he wants to come home weekends, he can let them know. He said "It" thinks it's a pretty good idea.

"They finally got me in", he said, "next step - to get the parents in. The final decision whether I come in or not rests with me." He asked me if I would ever come to see him.

4 days later:

He phoned to say he would be going into the hospital Monday, and asked me to come and see him. He has to take the bus, because his father is angry at him and won't take him. He said "Just because you're paranoid doesn't mean people are not out to get you."(laughed)

He is looking forward to going to school in the hospital, swimming, and a colour code system whereby one gains privileges such as going out alone in the evening. He asked if, when he gained these privileges he could come and visit me. He sounded relieved and happy during the conversation. He mentioned again that going to the hospital is his decision, that his parents can neither force nor stop him. I asked who made this clear to him, and he said the second psychiatrist had done so.

3 days later:

He phoned from the hospital. He'll still be going to his school, because there is no teacher for his grade level. He has to go home on weekends, whether he wants to or not. He went to the hospital by bus. His parents did not take him. He said he has a room mate. He had to leave because "It" had arrived with two boxes of his "stuff." Coming on the bus as he had, he had only been able to take one suitcase. He was happy-sounding.

The next day:

"I'm beginning to hate this place, you know that!" This because they have gym three days a week, and a staff member was rough with him, then make him talk about it for an hour. Also, an electrician examined his black light without permission and declared it defective. "Doesn't a guy have any rights around here? It's like a dictatorship. You have to eat your meals in a minute. We're allowed one phone call a day. It's amazing they don't have bars across the windows here."

He asked the first psychiatrist for sleeping pills and was denied them with the explanation that they are habit-forming.

Actually, I could tell he thought it was O.K., and was almost (but not quite) enjoying the beefing. He will be going home weekends. He must be picked up by his parents, and returned. His mother phoned him the previous night to see how he was. He said his sister wanted to speak to him, and it sounded as if she missed him. I asked him if he missed her, and he said "No!" I miss "It", and you."(a hasty addition.

8 months later:

"There is a girl here named Charlotte who likes me - she really likes me!"(Elated). "I've got to make this phone call short, so I'll get right to the point. Will you come and visit me - tomorrow night?" I said I would.

The next day:

I visited him, and he cried when he saw me, so we went quickly to his room until he recovered. His room looks comfortable. He shares it with a twelve-year-old who, the Boy says, has run away 83 times in a year-and-a-half. He wanted to hold hands, and sit close to talk. He beefed a lot, doesn't like the staff, he says,but has accepted the banning of his black light in the interests of the safety of others. He had gone home on the weekend, and his parents were still annoyed at him for going into hospital - "After all we've done for you."

2 days later:

Had a discussion with a child-care worker from the hospital, who feels the hospital setting not appropriate for the Boy, and the Boy a-typical in terms of the usual type of client. Generally, the system is designed so that children, usually under 12 years of age, can regress and then move ahead to self-discipline, under a token reward system. He says the Boy is becoming unhappy, that he tried to establish a first-name basis with the workers, and was discouraged by them from doing so. He also objects to some of the rules. Apparently, one of the usual goals is to work the child back into a now-more-working-together family, but the father's paranoia makes this an a-typical case. The case worker felt it was hoped the Boy could be moved to a group home, and possibly not return to his home.

One week later:

I visited the Boy - he wanted me to watch him swim. One of the child-care workers came over to talk with me, and asked me questions about the Boy, who was watching all the time. Upstairs later he wanted to know what we were talking about. I assured him it was "all positive", and he relaxed. He was quieter today.

8 months, 2 weeks later:

Phoned the Boy to say my family and I would like to drop by soon with a small birthday gift. He said "Don't make it tonight because I have to go to bed early because I swore at a staff member who dunked me in the pool and held me down." I suggested he try harder to keep his reactions to himself when something like that happened, and he said "You mean slow down my reticular formation activity?"

The next day:

I visited the Boy with my family and he was delighted, alternating between displays of sophisticated appreciation and his "little boy" behaviour. (Being silly, moving around a lot, ordering others around).

9 months later:

He was really angry tonight. He was allowed to, so we went to the cafeteria together (like old times) and I suggested he choose whatever he want. He said "You're not supposed to do that - pity me.

The psychiatrist said "You're to receive no pity, do not miss any school; do not talk back to the staff; don't be so rude;stop interrupting; don't be so nervous." This felt like a blow below the belt to him - this was the psychiatrist he had liked. He retaliated by saying he wanted to make an appointment with the second psychiatrist (whom he still did not like) and had, in fact done so. The more he talked about it, the angrier he got, and towards the end of the visit he expressed his suspicion that I would soon be leaving, that I didn't care about him, would soon forget him. There were some tears he couldn't hide. He smiled and said "But I like your pity." (Comment: If there has been one thing the Boy has not received, as long as I have known him, it is pity. His situation has been difficult and he has had little support. I think the psychiatrist's comment has been confusing for him, and he is not so much insulted as deeply hurt.)

He told me angrily several times to stop analyzing him. As we went toward the door, he pushed me away from him. I phoned him early the next morning "to see if you're still grumpy." He was pleased.

3 days later:

He phoned from "It's" room asking to borrow the tape-recorder. I refused. He asked me if I would be down to see him this week, "not that you have to", he said, "or that I won't be disappointed if you don't come, I will, but I just wondered." He's trying hard not to control, and that's not easy, when you're in trouble and under stress, and you know how as well as he does.

9 and a half months

Visited him again, and he was annoyed that I did not bring him the tape recorder. There is one at the hospital, but he does not want to share it. We met in the cafeteria, but he wanted to go upstairs immediately and play a record for me. I insisted we wait a few minutes. He was in a bad mood. When we were walking upstairs, I went to link my arm through his but he pulled angrily away. He was discourteous in the way he led me first to his room, then to the lounge, then the recreation room - each time announcing his next intention by getting up, turning out the light and leaving the room. He got a sliver under his fingernail and when I offered to help him get at it he said, angrily "Don't pity me!" As he walked me to the main outside door, he walked quickly, always somewhat ahead of me, and accused me of walking slowly so that I could charge him with walking too quickly To that I responded by smacking him playfully on the back. He retaliated by doing it back to me, only very hard, three or four times. I was so surprised by his response that I did nothing except to say, "You hurt me." He appeared unconcerned. When we reached the door, he left immediately, saying "Be seein' ya - whenever......"

Comment: He's pretty hurt, and doesn't trust me anymore either. I'm afraid a paranoid integration is setting in. He feels the staff do not like him, the psychiatrist doesn't care about him, and now he is wondering about me. He must feel lost and alone. (He may be testing me with his anger).

10 and a half months

No word from the Boy, nor have I called him. "It" phoned and said the Boy is still on tranquillizers, but has stopped taking them (secretly) and is flushing them down the toilet. If the Boy does not do as he is told at home, his mother reports him to the hospital workers. There, he must scrub a floor. Apparently the mother does most of the communicating with the psychiatrist and the father has faded into the background.

11 months

The Boy phoned, at 7:45 a.m., the same time of day I phoned once to see if he was still grumpy. He sounded subdued and still somewhat depressed. Our talk had pauses. He asked if I would consider coming down the next week. He asked where I had been, and said he was beginning to wonder if something had happened to me. I said I thought he did not want to see me, after the last time.

The next day:

He was subdued. He never once touched me, except once when his foot bumped mine by accident and he quickly withdrew it. He said, "I'm withdrawn from everyone, even you, did you notice?" He said he is on a tranquillizer, but tries to avoid taking it by flushing it down the toilet. His psychiatrist wanted to talk to me, he said, but couldn't find my phone number. He was pretty suspicious, and wanted to know what I would tell him if I should talk to him.

He said he is the scapegoat for the staff and the other patients. He said he'd been a scapegoat all his life and could no longer see any reason for turning the other cheek. He added it was wise to show no resistance at the hospital, and that his hand and arm were twisted behind his back in order to force him into submission at times, i.e. when he didn't smile and greet staff workers when passing them in the hall.

The Boy said he planned never to marry because he has in him three defective or deficient genes: (1) a gene for a large nose, (2) a gene for depression, and (3) a gene for acute sensitivity, none of which he'd wish on anybody, and especially not on a child he loved. He said there was no change at home, except that "It" had been evicted. He said that when he is sixteen years old he no longer even has to talk to his parents. Some old anxieities came up again, a fear of being abandoned on the streets, cold and hungry. Our farewell was formal and restrained, but warmer than the rest of the hour.

11 and a half months;

I met with the psychiatrist this morning. He feels the father probably loves the Boy more, in his own way, than does the mother, whom he found to be cold. We discussed the Boy's future. He was surprised the Boy was doing so well in school. He felt he shouldn't be kept in the hospital after the end of the school year, which would be the end of June. A foster home was required, one where the Boy would get structure plus love to break the beginning paranoid integration. What about our home, he wondered. I told him of the father's feelings toward me, and refused. He next considered a group home, although he felt it was too unstructured. The situation remains difficult.

11 months and three weeks:

The Boy was calm and controlled, overly so. I asked if the doctor had discussed with him our conversation and he said yes, but obviously did not want to talk about it. He was restless, so we walked from part of the hospital to another together. We had to take the elevator a number of times, and it wasn't unitl we were on the elevator that I realized how angry he was with me. He knew the elevators well, and could stop them between floors, all the while manipulating the controls. I told him to stop, and he ignored me. Finally, I attempted to restrain him, and he hit at me.

He obviously feels pretty bad about the turn of events.

1 year:

Visited the Boy last night. He is talking of moving back home. Apparently, in order to ensure a more respectful attitude from the Boy toward the staff, the psychiatrist refused to allow him to attend school full days. He had to change his schedule, and now had more time than ever on the ward. If he is not permitted to leave, he said, he will simply leave by picking up the phone and saying, "Dad, I want to come home! - and he'd be here in a minute, I bet." He then talked of how his father was late in having to shave when he was young, and how he bet he was going to be the same. He was less hostile toward me, maintained his physical distance, but was courteous and friendly.

1 year and 2 weeks:

He phoned to say he is discharged from the hospital. He intends to return to school full days and hopes he will have no difficulty doing this. He asked if he could come and visit me in my home that very week. I asked if he had permission from his parents, and he said he did, so we set a time.

3 days later:

He came over to visit, with his parents' knowledge and consent.

He had a haircut - it looked nice, styled and shaped and a little below his ears. He listened to the record he had brought with him, then talked about the hospital, saying the therapy there is "primitive." The psychiatrist had agreed to his discharge provided he come to see him once a week. If he does not "behave" - i.e. do as his parents want - the psychiatrist will, he said, put him in the children's section of the provincial mental hospital for a year.

At one point during the conversation, the Boy expressed some compassion for teachers, saying their job isn't easy, that they can't change the whole system, only their own ways of teaching. He is now back at school full days, and obviously pleased about it.

He was in a relaxed and pleasant mood until we walked over to a nearby store together. Upon entering the store, he became very anxious and hostile, accusing me of not paying any attention to him. He brooded and sulked. We drove him home and he still hadn't snapped out of it by the time we dropped him off. He got out of the car, said, "See ya" and was gone without a word of thanks, unusual for him.

13 months and 1 week later:

He phoned to talk about a teacher who had tried to rent the room which used to be "It's." "It" had been evicted by his parents in mid-March, apparently. Though the room had already been rented, the teacher took an interest in the Boy, and offered to tutor him in his math, with which he was having difficulty.

He expressed an interest in taking a guided tour, with me, through the provincial mental hospital, and then asked if he could borrow my tape recorder again. I agreed and he said he's come by and pick it up.

3 days later:

Came by to pick up the tape recorder. We talked for a few minutes, and I asked him if he was seeing the psychiatrist regularly, as he had planned. He said that was impossible because the psychiatrist had been ill, but that he would be beginning the next week on a regular basis.

14 and half months later:

School is over, and he did well in all subjects except math, which he will be taking again at summer school. He doesn't seem to mind, although he did add "Why should I sweat over the theory of parallel lines - it's just a postulate."

He's been looking for work but unlucky so far, and he's not yet sixteen.

Went to the see the psychiatrist only once and no more. "He's a real stinker", he said, "I don't know what you saw in him to like. He has a way of putting on a good impression but he's phony, he's plastic." He then went on to describe one of "It's" friends as a "Ruby Tuesday", someone who changes from day to day -"he comes, then he goes; he can't be chained to a life where nothing's gained, nothing's lost, he says. He thinks he's free but I wonder if those kind of people are."

He talked of how he liked one of his teachers, his chemistry teacher. He even went up to him and asked "Where did you learn to teach so well?"

He spoke again of the teacher, who is going to tutor him while he picks up his math during the summer. "Actually, he gambles his money away - my parents aren't just that kind of people", he said with considerable pride.

5 days later:

Phoned to ask if I would meet him downtown "from 12 noon till 12 midnight" so we could discuss everything needing discussion. I set a time limit and agreed to meet him.

The next day:

We walked and talked. Things are much the same at home but he is more philosophical about it. "That's the way things are" - not resigned and rebellious, but more accepting, and with good grace. His father still suffers from headaches. He'd been to two shows with his father in the recent past.

His parents, he said, have given up on their dreams for him, saying "We'd like you to go to university, but..." with a shrug of hands. They then focus on the Girl, whom they say is going to be an honors' student, go to university, marry a rich man who will build a fantastic home for her parents, one with marble walls (so they never need painting or papering), and who will heli-port the Girl by helicopter to visit her parents once a day.

He walked me back to my car when we parted, linking his arm through mine and looking for some of the warmth he used to get.

15 months later:
(10 day period at beginning of the month)

There were five phone calls in this period, several asking if he could come over and listen to some of his records. Because I'm busy, I held him off on that. He is doing well in math. He thinks a lot about life and death these days. "There is nothing else to do." He wanted to come over, but I told him I was busy now, and would see him sometime soon.

16 months later:

He phoned. He had achieved 70 in math, and was not required to write the final exam. I invited him over for a visit, and he came. It was pleasant, uneventful.

16 and a half months later:

He dropped by, concerned about a worsening of his acne. He phoned several days later to say he had gone back to the skin specialist and had been prescribed an increase in his antibiotic. School is going well.

18 and a half months later:

He phoned to say that he had dropped by once and I wasn't home. He had the following news to share:

1. He now has a job, as an usher at an auditorium, several nights a week.
2. He is taking psychology at school, and got 90% in a recent test. Said it was on ego-defence mechanisms, projection, etc. Then he went on to say that Freud considered invididuals to have sexual impulses from the day they were born. He says he "freaks out" his psychology teacher by asking too many questions of him.
3. He has been invited to a party by one of "It's" friends, on two conditions: (1) that he not wear his jeans and (2) since she was having a number of people in, that he not follow her around. He asked her if "It" was going to be there. When she said he was, the Boy said, "Well I'll follow him around."

4. School is going well, with above average marks in all his subjects.

19 months later:

He came over for a visit, and, at my suggestion, brought only one record to play so that we could spend most of the time talking.

He's the top student in his psychology class. His other subjects are going well, but math is giving him trouble again, so his teacher friend is tutoring him again. He is now talking of going to university "for six years."

He was on to a number of topics today, and offered his definition of the "devil": "he promises everything and gives you the opposite", which, he hastened to add, is worse than "promising you everything and giving you nothing."

I was not feeling well, and found his overexcitability a little hard to take. It is difficult, impossible, to recapture the atmosphere of the old counselling sessions. I sense his longing for it. He never touches me first, but if I touch him, he reaches for my hand every chance he gets.

He still sees "It" and his girlfriend. I asked him about his mother and father and the psychiatrist (he only saw him once after getting out of hospital) and he simply said "Uuuuugh!" and refused to talk any more.

20 months after:

He phoned, hoping I might go shopping with him, but I already had plans. I invited him to drop in on his way for a short visit and he did. He's only ever frustrated by a short visit.

One of his teachers had said to him recently "There's rumours going around that you're almost human." He asked if I thought the teacher was serious. I suggested that it might indicate that the teacher throught their relationship was secure enough for that kind of banter, but the Boy remained in doubt. "He's always kicking me out after class because of all the questions I ask him."

In psychology, he read a book about an autistic boy, he said, who was put into a hospital much like the one he was in. While there, he periodically was overcome by his temper and he (the boy in the story) went around smashing things. I thought I sensed some inner enlightenment going on when he told me, as if - "that makes me feel better; not only did I used to feel like doing that, but I did not give way and do it."

He wanted to be hugged but remained very self-contained. I took his hand and that allowed him to permit himself to (1) shake my hand, (2) hold both hands, and (3) hug me once before he left.

We listened to some music together. He told me of things at home. The Girl is becoming sassy, he's afraid. Then he added, "It might be hard to believe I can see this, or that it is true, because you know how strongly I feel about her." Things are the same with his parents. His father, he says, smokes too much. That worries the Boy, because he thinks it contributes to his high blood pressure. Also, it stinks up the house. His mother he wouldn't discuss. "I think my father's sick", he said, with compassion. I asked him what he thought was the problem. "I think he feels life has passed him by. He had a dream - of getting married, owning a car, his own home, having a good job, children. Well, he's got all that - and he has no goals - that's what I think - he needs new goals."

I told him he was looking more as if he were coping - "you must have inner strengths", I said. "You mean the reaction formation I use to cope with my emotional isolation? he asked.

He left when necessary, but charged me (laughingly) with kicking him out.

CHAPTER X

DISCUSSION

In this brief concluding chapter, I would like to consider the merits of this case study, whether or not I fulfilled my purposes, and the contribution this study may make, or lead to in the future.

I am suggesting in this thesis, that an individual in a state of self-deception uses language instrumentally, as a weapon to gain indirectly that which he needs to survive, and an individual in a state of self-avowal uses language representationally, as a tool to gain directly that which he needs to survive, and help others survive. The reason for this is that the former has been raised in an incongruent language environment, one in which messages have double meanings and each person looks after his own survival first; and the latter has been raised in a congruent language environment, one in which verbal and non-verbal messages are harmonious, and co-operation rather than competition prevails in the interactions.

Psychotherapy is a corrective emotional experience. It brings about learning in the sphere of emotions, not the intellect. It does not operate by the lecture method. In the therapeutic encounter, therapeutic learning takes place. Since psychosis is possible for anyone, even children come for psychotherapy. Child psychotherapy is much the same as adult psychotherapy. The main difference is that the child does not come of his own consent. Thus, it is important for the therapist to have a special attitude toward the child client. This attitude I consider to be the existential attitude.

The four stages through which one must move, when moving from self-deception to self-avowal come about through the authentic process, the "further living" of the corrective emotional experience which takes place in experiential psychotherapy. These stages are: (1) trust, (2) physical contact, (3) eye contact, and (4) meaningful verbal contact.

Along with self-deception and the instrumental use of language, there may be a great deal of "talk" on the part of the client, but I am suggesting this talk is meaningless in the larger, more "true" framework of his life, and it is used as a defensive measure to hide the true self from the pain of that knowledge. As well as excessive, seemingly meaningless talk, there may be, as there was with the client in this study, considerable hyperactivity. I feel the hyperactivity is a manifestation of emotion for which there are no other acceptable outlets, and that, once trust is established, and physical contact permitted and encouraged (by the client) the hyperactivity will diminish. Eventually, with the affirmation of eye contact, and the re-introduction of meaningful verbal contact, the hyperactivity will decrease even more, and, possibly disappear, to be replaced by authentic verbal interaction.

Thus, in the therapeutic situation, in which experiential realities are grounded in the authentic process engendered by the therapist, the child, perhaps initially forced into a state of self-deception by a sick environment which required him to learn survival strategies which are not appropriate in the world outside his home, learns, by being able to approach and run away from this new adult in his life, to trust him. Once trust is established, the child, given time, will initiate physical contact. Eventually, he will permit, and encourage it from the therapist to him as well. As time goes on, he will affirm this warm physical contact with eye contact, and later acknowledge it through eye contact alone. Instead of hyperactivity, he may now simply vocalize (sing, for instance) in the presence of the therapist, establishing the beginnings of a bond between the two. If not affronted at this stage, he will go on to meaningful verbal contact, by which he will maintain and sustain the relationship.

1. It was my intention to present a remarkable case, an unusual individual, and to share with the reader, in the biographical case study, as complete an understanding of the individual as possible. That I tried to do.

2. Before even touching on the psychological aspects of the study, it was necessary to declare why I thought the proper sphere of operation to be philosophic rather than scientific, and why, in the study of another human being, it is important to adopt a philosophical attitude, but to avoid adopting a philosophical dogma. Being, always unobjective, cannot be grasped by science, which is limited to objectivity.

3. The selection of one particular psychological theoretical point of view poses questions within a framework which has answered, a priori, a basic philosophical question regarding the nature of man.

4. I attempted to demonstrate a counselling approach, one which transcends psychological systems of belief, and to further demonstrate its effectiveness with the subject of this study.

5. When using a counselling approach such as this, four distinct stages evolved over the course of the counselling period. I outlined these four stages as carefully as possible, not only how they came about, but how each stage could be distinguished from the others.

6. It appears that a counselling approach such as the one demonstrated would be particularly effective with children, and I would further suggest that the approach could be used and successfully monitored with psychotic individuals whose language use has deteriorated. I believe that the more severe the disorder, the longer the time period required for the initial stage to be established.

If the person who poses the questions in regard to another human being is also the therapist, that poses another problem, that of attempting to separate out the process of the interaction from the "givens" of the individual at any time during the process.

A researcher therapist may adopt a single theoretical system but use a number of psychotherapeutic techniques. Or, contrarily, he may adopt a multiple theoretical system outlook, and use a single technique.

Kiesler (1971) argues for multi-dimensional research models which would examine various systems and techniques, and effects over time (taking into account therapist variables) on the client.

Until such time as group effort makes possible the operation of a suggestion such as Kiesler's, the issue of complexity versus control will remain a major research problem, particularly as it applies to single case studies. I would expect an increased interest in the single case approach, with an emphasis on controlled studies.

Uncontrolled studies such as this have their place as well, though, I believe, and their appeal will lie in their richness of data. Presenting the data such as I have done in this study permits the reader to draw his own conclusions based on his own intuition.

7. I have suggested that an approach such as the one demonstrated, though itself not linked to one theoretical point of view, could successfully be super-imposed on the clinician's theoretical framework for purposes of personal and scientific verification.

As Pervin (1970) suggested, the materials available on a subject such as the individual in this case could be further studies by psychologists of different orientations. Of particular interest to me would be an analysis of this case study material by a Psychologist in each of the three main forces in psychology: psychoanalytic, social psychology, and humanistic psychology.

I believe my main contribution has been the outlining of the four stages which evolve in counselling when using the approach demonstrated, and that their further value may lie in their use as a tool for measuring progress in counselling research, particularly with children.

This case study would, I believe, be a valuable teaching instrument for graduate level counselling practicum courses. While students at this level usually share their cases by sharing tape-recorded sessions, they can, at best, offer their insights when the issue is already past. With the use of a case such as this, all students would read and share the same information on the same individual, at the same time, and, from their discussions could arise the many questions facing student counsellors and trained therapists today.

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APPENDIX I

PERSONAL MATERIAL CONTRIBUTED BY THE CLIENT

Self-Recording:

The following excerpts are transcribed from the tape which the Boy made during the fourth month of counselling. He had asked for some time to take the tape recorder home and do this. Regarding this as an opportunity to show him that I trusted him, in spite of the fact that he constantly fiddled with, and handled rather carelessly, the very same tape recorder and other audio-visual equipment during our sessions, I agreed to his request. As I suspected, when the equipment was his responsibility, he was very careful of it.

Excerpt #1

He takes the tape recorder with him to a movie, The Ten Commandments. During the show, he narrates an account:

Boy: This is the movie The Ten Commandments (music can be heard in the background), Charlton Heston as Moses, (wish there was a little light around here) Vincent Price as back-up! Mmmmmm! Ah - love that music! Boy, I wish they'd get to the movie - I'm going to cut! (he does) Brought to you in Vistavision - colour by Technicolour! Mmmmmm! Art directors, properties, choreography, dialogues supervision, make-up, hair stylists, sound recording, Western Electric - Aaah! Special photography effects - John B. Photo. A.S.C., colour photography, costumes, copyright 1956. Copyright 1956? Boy, this introduction is going so long! (more music) We'll make a pilgrimage over the ground that Moses trod more than three thousand years ago, made by Saul D. Miller, or something in accordance with the ancient texts of Vio, Josephus, Exivutis, Lamarsha, and, ... The Holy Scriptures.

Voice in Background: And God said.....

Boy: He did?

Voice: Let there be light!

Boy: He did not!

Voice: And there was light. And from this light, God created life on earth, and man was given dominion over all things on this earth.

Boy: He was not!

Voice: . . . the power to choose, between good and evil. But each sought to do his own will. Cause he knew not the light of God's love. Man took dominion over man. The conquered, who were made to serve the conquerer. The weak....

Boy: (gasping sound) Aaaah.

Voice: . . . were made to serve the strong. And the freedom was gone from the world. So did the Egyptians, cause the children of Israel, to serve with rigor. . .

Boy: Look at all those slaves!

Voice: Their lives were made bitter. . .

Boy: Terrible!

Voice: And God heard, and he cast into Egypt, into the lowly hut of Abra and Joshabel, the seed of a man on whose mind and heart would be written God's love, and God's commandments, one man to stand alone against an Empire.

Boy: Cut!

The movie continues to play for twenty - twenty-five minutes, but the Boy becomes so absorbed in it he forgets to comment, or comments only rarely.

Excerpt #2:

The Boy is in his bedroom, tidying it up and talking into the tape-recorder.

Boy: Now I am in my bedroom, and this is Tuesday in ----, and I am tidying up my room. Listen! I am putting away my pants. First, I'll just put the mike down. I'm opening my closet now. Trying to find a coat hanger. Oh - oh - yes - here. Now, I'll just pick up my pants and I think I'll be ready to put my coat on, - my pants, I should say. (sighs) (coughs) (twice) Oh, and now uh - oh, I still have to put one more pants - pair of pants away somewhere. Oh, no, these need fixing - I better give them to my mom. (opens door and shouts) Mom!

Mom: What?

Boy: Are you ever going to fix these pants? These - are you ever going to fix these jeans?

Mom: Those old ones?

Boy: Yes.

Mom: They're not worth fixing.

Boy: Nhuh! (shuts door) she says they're not worth fixing! Oh dear, oh dear, oh dear, oh dear, oh dear, oh dear, oh dear, oh dear oh ----- DEAR! (looking through records) The Irish Rovers! I didn't even order that one. (mutters and mubles as he looks for the record he wants to play, and then starts to sing). Pot,pot Gimme some pot! Forget what you are, you can be what you're not. High high, I want to get high, you'll never give it up if you give it a try. mmm mmmm mmm (much noise as he adjusts the record player) Oh, I hope that's not too much of a strain! (shriek) Oh, sorry! (laughs). La, la, la, la, Pot pot, gimme some pot, forget what you are and be what you're not. High, high, I wanna get high, You'll never give it up if you give it a try. Pot, pot, gimme some pot - Tough, tough, the world

Boy: is so tough, But when you get started, you can try a lot of stuff. Ah, now I'll just get the mike through here (noise) There - I hope that wasn't too much. That - oh - yes - that (8 second silence). I was trying to see what happened when this plastic goes over the mike. (suddenly there is a very loud, explosive noise, which lasts for about 10 seconds) (The Boy is saying "You bad!", then laughing in the in the background.) Pot, pot, gimme some pot .... (screams) Oooooo ... ooooooooooh! (loud explosion) (sound of airplane made with human voice, followed by loud explosion) DESTRUCTION! (more explosions) WILL CHANGE THEIR WORLD. (sings in quieter voice) But when you talk about destruction, don't you know that you can count me out? (5 seconds of humming) That goes in there - There! I think I'll just put on a record. First I'll get this machine off. (laughs) makes grunting noise as he lifts something) (fumbles around for 10 seconds) Yah, this one! My new record - 2001 Space Oddyssey. (mumbles and mutters, selects the band he wants) There! Put the tone up to there. Listen! (strains of the Blue Danube can be heard) Lousy record! I'm gonna turn it down. Da, da, da, da, da, da, - yah, yah, I better put all the garbage over there. (sound of crumpling paper) (The Blue Danube continues) Yah, that's garbage, and that's garbage, and that's gafbage. Oh, yes (excitement in voice as music reaches a crescendo) (he turns up the volume, and accompanies the music with tapping noises) Cut the music! Listen to the sound of the machine. (buzzing sound) That's the microphone on the speaker. The motor. (more buzzing) Now, I want all this music. (The Blue Danube comes in again). Good! (tapping noises) (mumbling) (crunching of paper) (almost impossible to hear music). Hello, everybody! (banging and tapping noises for about 10 seconds) I knew you'd like that! (more noises) (blowing into microphone) (I knew you'd like that, _________. ______ (my name) Ha, ha. (The Blue Danube comes on again) Let's now flip to the garbage. Oh, first, I'll just put this mike back. And now let's put the garbage back. Good, garbage, garbage, garbage, oooooooh - what's this? Looks like some sort of pink handkerchief. Well, I don't carry that around ...... Oh ---- think now - oh, just cut. Cut the music for a minute. (it dies away) Now I'm going to 'fraid - that I'll have to cut you for a minute. Oh, hello there - so nice to see you again! I'm just going to take you on a tour of the house now. See if you can recognize some noises Can you recognize this one? Listen carefully (whirring sound) I'll turn it up so you can hear it louder. (he does) I'll lift up the lid now. (swishing noise) Now I'll close the lid. Should have guessed it after that. Oh, by the way, this is the downstairs part. Remember, I'm downstairs. And here it's dark! And it's kind of messed up with dolls. Oh, we're gonna go upstairs. (sound of climbing steps) Oh, so many people up here! (sound of others talking) What's that?(His mother talking to the girl).

Mother: Oh, you dream of Jeannie, do you?

Girl: La , la, la, la, (sing-song voice)

Boy: Look _______ don't touch the mike.

Girl: O.K. (airy)

Boy: Can you guess what room I'm in now? Ah, there's table and chairs and china, and records on the table. And it's the closest to the - room I've just been in. And it's got a T.V. You must have guessed it by now. WHAT WOULD YOU LIKE, MOM? (calling out) WHAT, MOM? (she asks if he's locked the door) Oh, no (distress) I must go lock my door. (he dashes past the sound of the girl's voice) Ah, ah (warning) - now don't make any mess, kids (the Girl seems to have someone playing in with her) Mus-quat, me do-ah, mu musquat me do-ah, (sing-song voice) (then, more clearly) Must lock me door (two syllables) Hi, guys!

Girl: Hi! Just watching - you play.

Boy: Yah, I know.

Girl: (high, light little laugh) (sounds nervous)

Boy: Speak into the mike.

Girl: Ohhhhh (loud laugh)

Boy: You don't have to get so close! Now speak, into the mike. (a talking doll babbles something unintelligible ending with, "Now, let's go!") Cut your doll. Just a minute. I've tape recorded that. Now - you see that red needle, how it bounces up and down? Well, when you hold it close like that, it goes up to the red part, and it shouldn't have been going up to the red part. It should just be staying arund between the red and blue. Now, just start talking. Remember, if you stay between the red and blue. Go!

Girl: (pause) I wonder how you are, _______.

Boy: Yah, go on.

Girl: .. if you are O.K.

Boy: You're talking too loud.

Girl: _______, I wonder if you're O.K.

Boy: 'Course I'm O.K....... Bye.

Girl: Hey, ______ would you do that funny song?

Boy: No - pe - that's on a different tape. Just a minute, I'll switch it. That's on Side B. Just a min-ute. Cut! How'd you like that song?

Girl: Fine. Good.

Boy: (to other girl) Did you like it?

Playmate: Um-hum (affirmative)

Boy: I don't think you did, 'cause you walked away. (laughs) Well, I'm going upstairs. (sings) uh, uh, uh, uh, uh, uh, uh.

Mother: Haven't you got no plans for the rest of the day?

Boy: No (catches himself quickly) Well, yah, I do.

Mother: What?

Boy: Uh, I'm gonna make - uh - one or two more recordings. O.K. cut! (music - probably from radio - ten top hits in abbreviated and rapid succession)

Radio Announcer: . . . . available at Eaton's record department, write. .

Boy: . . . or shop in person. Testing, testing, one, two, three Testing, one, two, three. This is Tuesday again, of -- and we're about to have supper. I am going to record - supper. This is my mother. (mother's voice in background, words not clear) . . . better set the table - for sandwiches. Those - uh (overly loud voice) they're kind of good. Well, you know, ah, yah, well, yah ... or you know, like, don't be fooled by - don't be fooled by their appearance.

Mother: Well, what do they look like?

Boy: Well, just like candy, you know. Now come on, come on, well, you know what peanut butter will taste like? Well, it's kind of like that, you know, like that - now come on! O.K. now - is there anything new today?

Mother: She said you couldn't take (unintelligible) inside the school unless you had a purpose.

Boy: Yah, and a real good purpose.

Mother: (impossible to hear)

Boy: Got that straight? (laughs)

Mother: (annoyed) Well, I wanted you to take down the message!

Boy: What?

Mother: Don't they talk to you? This Wednesday they showed you a film, right?

Boy: Noooooo (voice high in protest)

Mother: Well, how come ah - ooh - ah - how did they show this?

Boy: Well, they've got a blackboard and they were drawing out some pictures, you know, and it reminded me of this film that I saw called The Neighbours.

Mother: Oh (understands what he is getting at).

Boy: Maybe they read it in a book or something, but I know that, you, they didn't know that it was made into a movie, but I did 'cause I saw it. Now, I'm going to get some milk, right now. By the way, that Polar Power (naming brand of detergent) you know, I see that you're not very satisfied with it.

Mother: I've used one packet - no, it's not bad as ______, though.

Boy: Well I tried to tell you it was no good.

Mother: Well what do you know? (voice rising in protest). You haven't tried it.

Boy: Oooooooh - well just because I haven't tried it doesn't mean I don't know what it's like .... now.

Mother: Oh, you sure like listening to yourself. Turn that bloody thing off!

Boy: (continues in a somewhat subdued voice). Now just because I haven't used it doesn't mean I don't know what it's like. Now, I've I - I saw in the news, you know, that - it had a special report about that - and also I've been reading some things - when I looked for the ingredients - like the phosphates, you know, and stuff like that, on the packet, Polar Power is lousy! Not only does it not get your clothes clean, but, even then, it's a terrible polluter too.

Mother: I like it - no they've changed it. It's within the governments acceptable limits.

Boy: Hmmm. O.K. I'll turn this off. Now, a layered cake means it has two layers, but a single layer means it has one layer.

Mother: You don't say!

Boy: Course I say.

Mother: Well, what do you want? Remember that I bought you a beautiful one - once when you had a bir - I think that was two layer - when you was a - it was quite a decent size - last time you had a party. (her voice rises to keep him from cutting in) (pause) Member?

Boy: No. That was in Grade 6, wasn't it?

Mother: It was - I think it was two layers - it was a lovely cake, member?

Boy: Yah, that was in Grade 6 - it was quite a fat cake. Like it had a big bottom and then a small top you know.

Mother: Mmmm

Boy: Like it went up like this, you know.

Mother: MMM, I know, it was nice, wasn't it? I think I bought it at ________.

Boy: Yes, you did.

Mother: . . . from Mr. _____ (something unintelligible)

There is a sudden loud noise of an ambulance siren, interrupted by:

Boy: This - is Deserata (mispronounces title)
Go place - Go placidly amidst the noise and the haste,
Remember what peace there may be in silence.
As far as possible without surrendering
Be on good terms with all persons.
Speak the truth - quietly and clearly.,
And listen to others, even the dull and the ignorant
They too have their story.
Avoid loud and aggressive persons
They are vexatious to the spirit.
If you compare yourself with others
You may become vain and bitter
For always there will be greater and lesser persons than yourself.
Enjoy your achievements as well as your plans.
Keep an interest in your own career, however humble.
It is a real possession in the changing fortunes of time.
Exercise caution in your business affairs
For the world is full of trickery,
But let this not blind you to what virtue there is.
Many persons strive for high ideals and everywhere, life is full of heroism,
Be yourself. Especially, do not feign affection.
Neither be cynical about love (a man's voice can be heard singing in the background)
For in the face of ar - drinity (adversity) there is disechantment,
It is perennial as the grass.
Take kindly to the counsel of the years
Graceful surrendering has its use. Nurture strength of spirit
To shield you in sudden misfortune.
Do not distress yourself with sudden ... oh, oh!
Do not distress yourself with imaginations,
Many fears are born of fatigue and loneliness.
Beyond a wholesome discipline, be gentle with yourself.
You are a child of the universe, no less than the trees, and the stars
You have a right to be here.
And whether it is not clear to you . . (man's voice again)
No doubt the universe is unfolding as it should.
Therefore be at peace with your God
Whatever you conceive of him to be, and
Whatever your labors and aspirations amongst the noise and confusion of life,
Be at peace with your soul.
With all this shame, drudgery and broken dreams,

Man: Sham!

Boy: Sham! . . . With all this sham, drudgery and broken dreams,
It is still a beautiful world.
BE CAREFUL! Strive to be happy.

Boy: (laughs)

Man: (laughs)

Boy: C'mon, do yuk, yuk, yuk. . .

Man: Goood eevening . . . my name is Boris, what a beautiful neck you have! Nyuk, yuk, yuk, yuk.

The voice of the man was that of "It", I later discovered). This completes the first side of the tape. The second side is filled with the Boy's favourite music, the first selection of which was Pot, Pot, Gimme Some Pot. Other selections included: Sweet City Woman, Walkin' The Line, and others.

The Boy speaks only to introduce the peice, or discuss something about the recording itself, i.e.

Boy: The song that was just played, may sound a little scratchy but that was not the tape's fault. It was the record's fault. That song lasted 10 minutes and 25 seconds. If you think that this tape recorder speeds up and slows down, when you listen to a piece that I've taped here, and you've been listening to it, or any other time, it is because - it is because it has been speeding up and slowing down to normal when you have been recording. That I have discovered with making my recordings. I hope you have enjoyed my songs. I've taped them to - the best I can do. I tried to not let very much interference get in. And when you hear a crackling noise, such as this (demonstrates) it is because I've been - ah - h-holding the mike. Sure I'm holding the mike, but I've been - ah - like holding my - moving my fingers on the mike, either that, which I think is pretty correct, or the little stub at the end of the mike, which connects the cord to the mike, might be moving back and forth. This causes different sounds inside the mike, because . . . they would be magnified and then, of course, recorded on the tape. If you can't understand very many things, things from the Ten Commandments, or the song Pot, Pot, when - the - people have been talking, if you - if you play it back a couple of times, and put the volume on Just about Full, just about full, then, you'll be able to understand the words, ff you listen carefully.

The Pot, Pot words are:

Pot, pot, gimme some pot; forget what you are and be what you're not, High, high, I want to get high; you never give it up if you give it a try. Do, do take a family cruise; you with your grass, mom and dad with their booze. Tough, tough, the world's so tough; if it gets hard, you can try a lot of stuff. Hip, hip, you wanna be a hip; you're nowhere at all if you don't take a trip.

. . and that's the whole song - of Pot, pot.

To end the recording, he plays the entire song one last time.

Creative Writing Scribbler:

The following materials were taken from the Boy's creative writing scribbler, and were written during the period of September to June. This period is also that in which he came in for counselling.

Where dates are indicated, they will be included. Some of the work is original, some is not. Where sources are noted, they will be quoted.

Of interest to the writer is the fact that this collection of material reflects a side of the Boy that he was unable to present verbally at that time. He was 12 years - turned 13 shortly after the school year began.

My Feelings of School: September

Well I started school again and that means homework, and other types of work (uck!!). I've got T. for science and shop, but I don't like shop too much because if you make a little mistake Mr. T. yells at you. For Soc. St. I have Mrs. S. and she gives us work, work, work.

For math I have Mr. B. (ahh) he's nice he doesn't assign too much homework and he's my home room teacher. And now about Mrs. F. she really scolds people about things and makes you jump to the ceiling with fright. It's not that I want to be sarcastic about her but she does at least teach art.

(no date)

Mary, Mary, quite contrary
What does your garden grow
Marijuana and poppy seed
If you really must know.

Returned Letters from Santa: (un-original - source not noted)

Dear Jane,
Yes I'm sending you a box of lawn seed, that's what you had in mind when you asked for "grass" isn't it?

Dear Harold,
Yes I have the dirty books you ordered, but if your dad wants them he'll have to write his own letters.

Dear Susy,
Santa only brings presents not takes back presents .... so, I'm afraid to say I can't take back your baby brother.

Dear Robert,
I can't bring you only half of a racing car set for only being good half of the time!

February

Football
Rough, tough
Run, block, tackle
Crunch!

Anger
Cold,hard
Drives, pushes, strikes
Melts the warmth of a hearth (of)
Ice.

T.V.
Violent, ridiculous
Gripping, yawning, exciting
Stops homework production
Hypnotist.

Alone

When you are in a crowded room, a crowded street or a crowded city, can't you hear the muffled mental cries all around you saying, "Help me!" "Talk to me!" "Why, with so many people around me, must I be alone?"

Things used to be good. What happened to the deep concern and thoughtfulness that we felt for others.

We were to live as one. Now, we cross each others path, - we bump into each other, and what do we say?

We say "I'm sorry!" or "excuse me!" - But why! Why am I sorry?

Should I be sorry for crossing your track? Should I be sorry that for an instant I busted into your world?

Society, ethics, pride, suspicion have overcome us. So - continue on, amid the cries around us and amid our own cries!!

Feeling

Experiencing extremes of mental and physical moods within a short period of time does not necessarily indicate an area of instability within oneself.

In fact, it is perhaps characteristic of a more complete person. This more complete person has the ability to sense and interpret the most minute and intricate occurrences around him.

With this ability, his mood or state of mind can immediately adjust to the mood or situation that he became in contact with.

That is why this person can experience: love and hate, pride and humility, confidence and insecurity, bravery, and cowardice. This person can experience all of these feelings - AT THE SAME TIME!

Words from a song which appealed. March

Pot, pot, gimme some Pot
Forget what you are and be what your not.

High, high, I wanna get high
You'll never give it up if you give it a try.

Do, Do take a family cruise
You and your grass mom and dad
And their booze.

Tough, Tough the world is so tough
When it get's harder you
Try a lot of stuff.

Hip, Hip you wanna be Hip
You're nowhere at all if you don't take a trip.

Ten Commandments re-visted. Or, Would Moses Suffer Culture Shock:
(by Patricia Clark of the Observer)

Some people call this the post-Christian Era, though you could make an argument that we have never yet had a really Christian era.

Moses thought he had us all straightened out. But listen to the voices we hear around us today:

Rules are for masochists. Nothing is either right or wrong, but thinking makes it so. Personally, I'm not attracted by incest - but who am I to impose my standards? Whatever turns you on. The child molester may be doing what for him is the right and most loving thing at the moment. Tough about the child. The Ten Commandments might as well be a great new rock group.

Poor old authoritarian Moses. If he came back today with his tablets he would be laughed out of any theological seminary student lounge. (Life-destroying! Puritan hang-ups! Insults to freedom of choice!).

After Moses had seen a few modern movies, watched the commercials on television and talked to some of our with-it prophets he might be glad to get back to Aaron and the golden calf.

But just because people don't look to Moses' Commandments to guide their lives any more, if they ever did, that doesn't mean they won't live by any rules. Only now they are laid down on television and in the newspapers and by the opinion-makers who monopolize the media. Just for fun, at our house we sat around the television set and made up a list of the Ten Commandments of the secular seventies. It's hardly exhaustive, but try it on for size.

1. You shall have no other gods than self-fulfillment. And for this a man shall not cleave to wife and children, but forsaking all responsibility to others shall seek the Real me.

2. You shall make of yourself a graven image of what is young, sexy, and non-smelly and you shall bow down before MacLeans' toothpaste, Gilette shaving cream, Right Guard deodorant, Hai-Karate after-shave lotion, Arrow shirts, Carhart jeans and Florsheim shoes.

3. You shall not take unto yourself any responsibility for what you do or for those under your care. For you cannot help an unhappy childhood or the influence of T.V. or what everybody else lets their children do.

4. Six months shall you labor and do all your work. The you shall take a winter break in the Caribbean.

5. Honour the young, for the old have had their chance, and it is not important to know anything. It is only important to relate.

6. You shall not wait to get anything you want, but you shall go now - pay later in all that you do, whether it be lying with a woman not your bride, or spending money beyond your income, or losing weight by taking drugs.

7. You shall not deny yourself any physical gratification. Of such is life made, and you only go around once.

8. You shall not steal anything small. But if you steal $500,000,000 or more, then verily I say unto you that you shall be a celebrity and be interviewed on television.

9. Your wash shall be clean, though your rivers dirty.

10. You shall covet your neighour's car and his colour T.V. and his whiter-than-white wash, for of such material possessions is the kingdom of heaven. Besides, you deserve the best, it costs less than you think, and higher demand is good for the economy.

If you'd like to send us a better list, feel free. Personally, we're sticking with Moses.

Also included about this time of year were: Desiderata and the Optimist's Creed. The latter is as follows:

Promise yourself:

To be so strong that nothing can disturb your peace of mind.
To talk health, happiness and prosperity to every person you meet.
To make all your friends feel that there is something in them.
To look at the sunny side of everything and to make your optimism come true.
To think only of the best, to work only for the best, and expect only the best.
To be just as enthusiastic about the success of others as you are about your own.
To forget the mistakes of the past and press on to the greater achievements of the future.
To wear a cheerful countenance at all times and give every living creature you meet a smile.
To give so much time to the improvement of yourself that you have no time to criticize others.
To be too large for worry, too noble for anger, too strong for fear, and too happy to permit the presence of trouble.

. . . from the Optimist International

The next entry is this: (no date - estimate May)

Paint it Black (teacher's comment at the end "By whom?"

I see a red door and I want it painted black. No colours anymore. I want them to turn black. I see the girls go by dressed in their summer clothes. I have to turn my head until my darkness goes. I see a line of cars and they are tinted black. The flowers and my loved ones never to come back. I see people turn their heads and quickly look away. Nothing new about it Baby, it just happens everyday. I look inside myself and see my heart is black. Maybe then I'll fade away and not have to face the facts. It's not easy to face up to when your whole world is black. No more will I drink to go turn a deeper blue. I could not forsee this thing happening to you. I look hard enough into the setting sun this love will last with me before the morning comes. I see a red door and I want it painted black. No colours anymore, I want them to turn black. I see the girls go by dressed in their summer clothes. I have to turn my head until my darkness goes. I wanna see everything, painted black. Black as night. Black as coal. I wanna see the sun blotted out from the sky. I wanna see everything, thing, thing, painted black.

And the final entries, probably June:

High Flight

John G. Magee, Jr.

Oh, I have slipped the surly bonds of earth,
And danced the skies on laughter-silvered wings.
Sunward I've climbed and joined the tumbling mirth
Of sun-split clouds - and done a hundred things.
You have not dreamed of - wheeled and soared and swung
High in the sunlit silence. Hov'ring there,
I've chased the shouting wind along and flung
My eager craft through footless hall of air -
Up, up the long delirious, burning blue.

I've topped the wind-swept heights with easy grace,
Where never lark, or even eagle flew;
And, while with silent, lifting mind I've trod
The high untrespassed sanctity of space
Put out my hand, and touched the face of God.

I am part of all
  that I have met;
Yet all experience
  is an arch wherethrough
Gleams that untravelled world,
  whose margin fades
For ever and for ever
  when I move.

How dull it is to pause, to make an end,
To rust unburnished, not to shinein use!
  yearning in desire
To follow knowledge like a sinking star,
Beyond the upmost bound of human thought.

. . . .Tennyson

Essay written for school:

Empathy

Empathy means, to sort of speak, put yourself in someone's shoes. "Empathy is a term in psychology for feeling the experiences when hearing or reading of some remarkable event, or happening, which causes him to conjure up or imagine the scenes and have the same sensation as those actually participating." (1)

At any time when I am reading a book or watching the television, I can put myself in the other persons position. Especially if the author describes the scenes, I have even better empathy. For example, when I read the novel "Flowers for Algernon" I felt great empathy for the main character Charlie Gordon due to the fact that the author has described everything very well.

When I am watching the televsion then I can almost immediately feel what the other person feels because on the televsion they (the characters, etc) have the scenes and characters all ready there and it's just happening right in front of me, but in a book I have to picture all the characters and scenes so it does take a little longer to empathize a book than the television. When I have empathy for a character in a book then this may improve my extrasensory perception (E.S.). For example, Charlie Gordon since he feels whats going to happen next and I have the empathy for him then I can tell what is going to happen next before the author writes it down. Therefore this improves my E.S.P. with more acurate answers from my mind.

In a letter I once read from a boss to a teenager who wanted a job it said "Ever hear of empathy kid. It's the trick of seeing the other fellow's side of things." I wouldn't say this is a proper and complete definition, but I would say that it is a short and small opinion similar to the one I stated at the beginning of this essay.

(1) N. Webster, Webster's Dictionary, (New York: The World Publishing Company, 1942) page. 556.

Justice January

Justice, in what I believe in it to be is, the tool to maintain order in a society. The dictionary defines it as "The exercise of power and authority to maintain what is just and right;" (1)

We need justice, and laws, to maintain order, the rights of the individual, to protect minorities, and to give each person his due, or what he has coming to him.

In the process of making laws the government has a topic to debate then the people who go for the positive side prepare a speech for their presentation and the people for the negative side does the same. The presentation is made, a vote is carried out, and then there is a passing of the new law. However, the government does try to do what they feel is important and just for the people. If the new law does not work out like it was thought to, then another presentation is made, and voting too. If it seems that it will never work out then this topic is probably going to be tabled.

The injustice act, is for example, the Ghetto Brothers. Since they are black, and they are convicted of a serious crime, and lots of white men are prejudiced, and think that they are inferior then this makes them a minority group. So the prosecuting lawyer may also think this way and will do something like the following: He might say to a witness, who believes that the defending party is not guilty, " Where were you . . . at the . . . when the happened?" The witness then replied, "Yes, but..." "Thank you, you may step down now." This act of injustice didn't give the person (who might have been black) a chance to explain himself. So if the judge was a good one then he would have done something, so that this would have been a fair trial, but if not then this is injustice.

The enforcing of the law is done by: (a) Police, (b) Courts, (c) Prisons. The policemen, the lawyers, the judges, and the people who work in in the prisons, all work to support the idea of justice, which is, **maintaining** order. The duty of the polcemen is to prevent crime within the city. But if a polceman arrests a transgressor then he must take him to the polce station and inform him of his rights and most important of all, The Prisoners' Warning: You are not obliged to say anything unless you desire to do so; but whatever you say may be taken down in writing, and may be given as evidence. You must clearly understand that you have nothing to hope from any promise of favour, and nothing to fear from any threat which may have been held out to induce you to make admission or confession of guilt. The polceman must make up a report and then the transgressor has to sign it. He is then taken to court, if it is a serious crime, and he has a lawyer defend him and so does the prosecuting party. Each lawyer calls some witness to the stand and questions them. Then with evidence the lawyers try to convince the court whether or not this person is guilty. The jury leaves the court room and makes a decision, sometimes the deciding may take a few days. After the decision is made, then this is passed on to the judge, and he asks, "Does the defending side have anything to say in their defence before I pass the sentence?" The lawyer, for that side, may then make a concluding statement and then the sentence is read. The transgressor may be put in prison, given a fine, or be pronounced, not guilty. This act is called punishment, or justice!

Justice is here to protect the law-abiding citizen and discipline the law-breakers with (a) Police, (b) Courts, and (c) Prisons.

(1) E.L. Thorndike, et al, The Intermediate Dictionary, (Toronto W.J. Gage Limited, 1962) p.490.

The Boy was assigned a mark of 44% for this essay!

APPENDIX II

OTHER-RATED TAPE SEGMENTS

II. Other-Rater Judgements of Taped Segments of Counselling Interviews:

How stem words were selected:

Three raters, all counsellors themselves, evaluated three three-minute tape segments, one from Interview #3, one from Interview #35, and one from Interview #49.

Instructions:

The raters were told that these segments were drawn from an early, a middle and an end point in a counselling period with a thirteen-year old boy, the period extending 15 months in time. They were asked to describe, in as free response a fashion as possible, "what is going on here." Each person was supplied with a typed transcript of the three-minute segment to read while listening to the tape. Each segment was played once.

Procedures:

The responses of these raters were examined for commonalities, and seven stem words were drawn from them. These words were: afraid avoiding, nervous, showing-off, superficial, accepting and responsible. These were then alphabetically ordered with seven more stem words selected by myself as descriptive of the client's behaviour at times during the counselling period. These words were: arrogant, critical, demanding, detached, distractible, hostile, interruptive.

These fourteen stems were now presented to three groups of three raters, all senior counselling practicum students, and were presented in the following order:

Group 1 - correct order (segments 1, 2, 3)

Group 2 - reverse order (segments 3, 2, 1)

Group 3 - mixed order (segments 2, 3, 1)

Instructions to these nine raters were:

As you listen to (and read) the tape segments, please rate the tape segments, please rate the following on a scale of 1 to 5. (1 measures a little, and 5 measures a lot). The raters understood that they were rating characteristics of the client.

Though I was indicating (by using a scale of 1 to 5 on which 1 measures "a little") that all stem words described the client to some extent, the raters found themselves unable to cope with what they described as "too much incoming stimuli to differentiate in a too short period of time." Because of this, they evaluated as many stem words as they could, but, because each rater checked different words, results are sketchy and inconclusive.

Trends were:

Rater-selected stem words: It was expected that all tendencies, as described by stem words, would decrease over the year, except for accepting and responsible, which the three original raters saw as increasing. Only three of the nine raters evaluated accepting, two of whom saw it as increasing, the other, decreasing. Three of five raters judged the Boy as more responsible, two as less responsible. The changes were moderate, regardless of direction.

Five raters clearly judged the Boy as less afraid. Three saw him as less avoiding, two as more avoiding. Four raters judged him to be less nervous. One saw him as showing off more; one saw him as showing off less. Two saw him as less superficial; one saw him as more superficial.

Counsellor-selected stem words:

Four of these stem words failed to show anything at all: critical, demanding, hostile and interruptive. Of the others, two raters saw the Boy as less arrogant; one saw him as more arrogant. However, three raters saw the Boy as less detached, and four raters judged him to be less distractible, considerably less.

It is obvious that rater-selected stems were more appealing to the other raters.

The stem words offering clearest information about the Boy, were: afraid (less) nervous (less) detached (less) and distractible (considerably less).

RATER I:

Segment 1: (early part of counselling)

"I don't want to understand you. If you use fancy words I don't have to listen."
He is listening now!
"I have a problem!" Real self-insight. Subject/object.
Very observant.
Laughter, nervous.
"Language Arrts" - La de da! Backing away from close communication.
"I'll show you I am a schizophrenic."
I sense a fear of being put in an institution.
I would guess he must have been scared out of his wits in the language arts class in question.

Segment 2: (mid-way in counselling)

Very demonstrative (screams), very rational.
Trying to impress counsellor.
Avoids talking about dad.
Emotionally reliving this interaction with his dad.
Authority problem: He feels overwhelmed by his father's rantings and ravings, also scared. He can't understand what he feels or what his dad feels.
Heredity - he is more rational now.
He feels his world is crumbling when his mother is discussed. Totally blocks out the discussion of his mother.

Segment 2: (cont'd)

He is afraid of his dad, yet he catches a glimpse of how he and his dad are alike - "He is a very nervous person."
"I hate my father and my mother."

Segment 3: (end of counselling)

A real person! Very clear, lucid.
"I am somebody, I am response, I have friends."
"Wine, women and song WOW!"
This can't be the same kid.
Responsible: selected job over picnicking.
"I like you ______ I can say anything I want to you."
"I feel accepted here."
"My dad" - He sees his dad now as an equal. His relationship with his dad no longer appears to be governed by ununderstood feelings.

RATER II:

Segment 1: (early part of counselling)

Counsellor confronting: Boy reacting
Boy: defensive
avoiding
getting closer
showing off
not answering
nervous
self-exploratory
fear - regression - sadness - depression, movement into his own suffering, fear - movement into childlike hope for reassurance.

Segment 2: (mid-way in counselling)

- superficial - description
- imitation of father - diversion
- difficulty dealing with father's feeling - detached - understanding of father.
- avoiding issue.
- inside - can't come to terms with feelings.
- can't deal with fear - wants to escape that he may be like parents wants to escape situation.

Segment 3: (end of counselling)

- more maturity in voice.
- sense of choice - responsibility - of feeling good about having made a choice that may have not been more pleasant in present but had better long ranging effect.
- description - equal to counsellor - talk is now person-to-person

Segment 3:(cont'd)

- showing playful quality
- resentment of father but acceptance
- more tolerance

RATER III

Segment 1: (early part of counselling)

Sounds not used to clear communication and is demanding clearness.
Really thinking about himself in relation to girls - but jumps around - can't really stick to one thing - almost like free association.
Bright, says things that do sound as if mean nothing, but have a lot of meaning.
Sounds physically very active.
Mentally active - over-excitable
Sounds flippant - but really concerned about whether he is O.K. or not.
Good sense of humour with a lot of meaning.
Flips in and out of trains of thought.

Segment 2: (mid-way in counselling)

Very excitable, talks very fast and really gets involved in his story.
Highly emotional.
Voice increase when talk about father initially - really mimics father.
When threatening topic - avoids - but eventually returns.
Not jumping from topic to topic as much this time.
Sounds physically active.
Very active and bothered when talking about father.
Strong feelings about both parents - not too positive.
Not wanting to identify with either parent - and when gets too threatening, feels things are closing in and demands to leave.

Segment 3: (end of counselling)

More controlled, showing intiative
Showing responsibility in choice and action.
More aware of how he comes across and acts.
Signs of excitability in speech but much more controlled.
Sense of humour, records argument, "knows he shouldn't play back to father does it anyway (maybe unconscious?).
More aware of demands placed upon him, more aware of what acceptable behaviour is - more able to control his own behaviour,but still has a tough time.

Instructions to raters: As you listen to (and read) the tape segments please rate the following on a scale of 1 to 5. (1 measures a little and 5 measures a lot).

	1	2	3	4	5
Accepting					
Arrogant					
Avoiding					
Critical					
Demanding					
Detached					
Distractible					
Hostile					
Interruptive					
Nervous					
Responsible					
Showing-off					
Superficial					

Segment 1: (From interview #3)

Counsellor: How do you feel about adults, in general? What are your feelings about adults?

Boy: What type of adults?

Counsellor: Do you know several types?

Boy: Hmm, hmm, well don't start using fancy words, you know - just - just ask me.

Counsellor: You use fancy words.

Boy: I do?

Counsellor: Uh-huh.

Boy: When?

Counsellor: Lots of times.

Boy: When is lots of times?

Counsellor: Lots of times when we're talking.

Boy: Like what type of words?

Counsellor: You mean if I use fancy words you don't understand what I mean?

Boy: Well, make - make - make some, you know, name some.

Counsellor: I just used "several types" and you said "Don't use fancy words."

Boy: (pause) And you call the word "several" a fancy word?

Counsellor: I thought you did.

Boy: No, I didn't. I think that that is just an ordinary word in the vocabulary.

Counsellor: Do you think sometimes that you talk to the girls in a way that they don't understand you?

Boy: Yesssssss (drawing out the s's)

Counsellor: Well maybe they think you use fancy words.

Boy: No. What do you call that skepso-zo-zo-phre-zo-maniac? Schepzomaniac, is it? Schizomaniac. No, no, not kleptomaniac - schiz-schiz-

Counsellor: Schizophrenic?

Boy: Yah, you know, our teacher was talking about it, he says you know it is a serious problem, and that you can be institution-instituionalized - and you can go to a hea shrin - a psychiatrist.

Counsellor: What makes you think you're like that?

Boy: Because sometimes I say words backwards - or, something backwards, like, for instance, this: "I miss you as much as if you was here", or - (loud laugh) "Darling that's the best dinner I ever put into my whole mouth."

Counsellor: Sometimes you do that.

Boy: Well, sometimes I also - you know like - the - the last, the first letter in the last word of a sentence. I interchange that with the first letter in the first word of a sentence - do you understand what I mean? - like - well, like this (he gets up to demonstrate on the blackboard) - uh, See the dog run -sometimes I exchange this letter for this letter so that it becomes - uh- this will be R - Ree the dog sun.

Counsellor: Do you do that when you are writing or when you are talking or -

Boy: When I'm talking!

Counsellor: When you're talking. Well, I'd like to ask you - the teacher was talking about schizophrenia in a class?

Boy: That's right.

Counsellor: What class was this?

Boy: Language Arts (in a sing-song voice)

Counsellor: Schizophrenia in a Language Arts class.

Boy: Yes.

Counsellor: She was saying things that - did she say - did she say some things that worry you?

Boy: No - well - she - you know - she didn't know that I was a schizophrenia.

Counsellor: Well who says you are?

Boy: I say.

Counsellor: You say.

Boy: Well, doesn't it add up, you know - well - aagh!

Counsellor: Have you done any reading on it?

Boy: Nope.

Counsellor: But you know.

Boy: Yup - I miss you as much as if you were almost here.
Ree a dog sun? You know.

Counsellor: What does it mean to be institutionalized?

Boy: To go to an institute.

Counsellor: Have you ever known anyone who was institutionalized?

Boy: Uh, no.

Counsellor: Were you thinking of that in relation to you?

Boy: Uh, what was the question - again?

Counsellor: Were you thinking about that in relation to yourself? When she talked about being institutionalized, and you said you're schizophrenic.

Boy: No, I didn't tell her that, I wouldn't -

Counsellor: I mean, when you thought about it to yourself.

Boy: Yah, I thought you know sometimes I do silly things like that too.

Segment 2: (from Interview #35)

Boy: You know what happened on S-Sunday? Like I had a heater in my room, like you know one of those block heaters, cause it's pretty cold in my room, and I had about forty firecrackers, you know, and I thought, you know, like when you split one open, and you know, expose the gunpowder and if you light it, it goes sssssss, you know?

Counsellor: What was that you had?

Boy: Firecrackers! You know, about an inch long, inch and a half.

Counsellor: Yes.

Boy: And you know, right here, you know I thought even this little sparkle would burn it up, you know, so I took a little bit of, a little piece of a splinter of wood, you know, just like that, and I was sitting like this, you know and the whole pack of firecrackers was here and Sssssssss. All of a sudden Pow, pow, pow.... I was meditating the moment before and I went pretty deep and all of a sudden .... Oh, they quit! Oh, my dad's going to come! And sure enough you know, he came banging on the door, you know, and the smell of gunpowder was all over the place, you know, ... and there was these bits of paper and burn marks all over the place, and I didn;t get hurt at all, I didn't get hurt at all but there he was "_______ _____'s on fire!" you know, ... we were havin' a hot time.

Counsellor: What'd your dad say?

Boy: Boy, oh boy! Smoking in your room - you'll never learn! And then I just sorta opened up the window, you know, and all of the snow came in sssssss...

Counsellor: Did he punish you?

Boy: Did you know that - that Lemon-up shampoo act - actually influences you know, induces more acne, and it hurts the ... it hurts, the acne hurts... So you know, he got real mad and - and uh - ..... and he says Oh, he was you know, swearing, you know, he says "Oh shit!" you know and he's complaining about this and that, you know, and he says, "Oh even if I was jumping on Jesus's grave, you know, dispрrespecting him and stuff like that, you know, "that I wouldn't deserve such a bad things as you." He says "Oh, I'm going to kill you!" you know "one of these days."

Counsellor: In other words he was pretty upset.

Boy: Yes. He's a very nervous person, you know. Like, you know, well, you know, in the earlier grades, they say "Don't play with matches - look what can happen! Your house can burn down!" And my dad, you know, I think obviously got that, you know, drilled into his head when he was young, and now he's really scared, even of a candle, even it it's out - even it it's out in the back alley, you know, even this little candle

Boy: (cont'd) you know, he thinks, "Oh.... you'll set the whole block on fire", you know, and all that, even if it's over a hundred feet from any little ..... anything ... you know, it's on a tarmat.

Counsellor: Who do you think you're most like - your mom or your dad?

Boy: Neither.

Counsellor: And so you don't believe in heredity.

Boy: Yah, I believe in heredity.

Counsellor: Then you must have some of one or the other in you.

Boy: Yah, like I have brown eyes like them.

Counsellor: Are they both brown-eyed?

Boy: So's my sister.

Counsellor: What about behaviour patterns?

Boy: Well - my mom gets mad for no reason you know, but I don't get mad for no reason. Let's go! I can't stand up - being crushed in these walls - they seem to be closing in ......

Segment 3: (from Interview #49)

Boy: I was baby-sitting last night.

Counsellor: Were you? Where did you baby-sit?

Boy: Um - there was - it's the first time I ever baby-sat you know, for somebody rather than just my sister.

Counsellor: Was it on your street?

Boy: No, it's about - I guess about five blocks from our house.

Counsellor: Friends of yours, or ...

Boy: No, I didn't know them before.

Counsellor: How did they hear about you?

Boy: I heard about them - you know, they put a little sign up in the school, you know, Babysitter Wanted, so I phoned and, you know, I'm usually always free, and, guess what, like, you know, "It" invited me to a picnic, you know, at a city part, and, you know, he was going to bring along something to eat and drink, you know, and some of his friends, and they were going to bring a couple of bottles of wine, you know, and get me drunk and then I'd come home Mmmmmm, and then my parents would say, "You can't go on another picnic!" Um ... you know, it was either that or go babysitting and it wouldn't be nice, you know, if I didn't show up the first time.

Counsellor: So you had to give up the picnic - that's too bad.

Boy: And I asked "It" today "Did you like the picnic?" and he said "Sure did!" That's what I hate, you know, when you have two things you want to do so much, you know, all piled right in together like that...

Counsellor: Especially if you haven't done anything for a long time.

Boy: That's right.

Counsellor: And then you get a chance to do two things, both of which you really want to do ... Good for you. I admire you for going to your job.

Break - move ahead on tape:

Boy: I always seem to monopolze the conversation, don't I? Remember how I said "seem?" You know what? "It" let me play with his tape recorder - well not well play with his tape recorder, but like record on the medium speed and then play it back on, you know, a faster speed or a lower speed, you know, or something like that, and uh (talks about the mechanics of the tape recorder for about a minute) and my dad, he, my dad you know was working on the porch below, you know, so I opened up the window and he and "It" were having a debate, you know, an argument, and I was recording it and it came out pretty well, you know, at only three quarter volume and then a jet passed by, you know, that sonic boom - just wrecked up everything ... and then, you know, and then I was playing it back and my dad heard it, you know, and he said "Aaaaaaagh", and I said "But "It" gave me permission", and he said, "I know, but I didn't give you permission!" - as if it's his machine. Lookit - the light's on. (referring

Boy:
(cont'd) to the light on the telephone) (I look at him sternly to remind him of our previous quarrels about his touching the telephone). , You know what you're doing? I take it as saying, "_________, go to hell!"

II. Other-rater judgements of taped segments of TAT:

The three original raters were presented with typed transcripts of the Boy's responses to three cards on the Thematic Apperception Test, pre and post measures. At the same time, they listened to the response on an audio-tape recording of that particular session.

Three responses for each test were selected, the first card, a middle card, and the last card, which was a blank card, one requiring the subject to make up a story.

The cards were presented in this order:

1. pre post
2. post pre
3. pre post

In the response to the post-test response in the second set, the Boy reveals that this is the second administration of the test. However, I used this card because I felt three responses were necessary and I felt the "inadvertent" added information would be perhaps confounding.

At any rate, the instructions were as follows:

1. Listen to (and read the accompanying typescript) these taped responses to several cards from the Thematic Apperception Test.
2. Comment, in a free style - (I explained that I wanted the raters to rely on their intuitions) while listening, as to what is going on here.

Upon request, the raters read each typescript first and then re-read and listened to the taped segment at the same time.

At the end of the first card response, I asked the raters three questions: (the three raters, two men, one woman, were counsellors themselves).

1. Which taped response was given by the subject at the beginning of the counselling year, and which at the end?
2. What, in your opinion, is the nature of the change?
3. What do you speculate has occurred in order to bring about that change?

The first question was asked in relation to the next two presentations as well, but the most spontaneous, and most rewarding response, on the part of the raters, was to the first card response.

First presentation: (Pre - Post)

RATER I:

1. Hah ha!
2. The exorcist - he sounds possessed.
3. He sounds driven, there are voices, demons out there driving him. I can imagine him sitting there making all kinds of facial contortions, and bizzare hand, leg, and body movements.
4. His voice is 'racy', 'let's get on with it, let's get on with it. Come on, go, go, go,...'
5. Losing himself in movement, activity. "Please, love me; help me."

Second card: 13B (post-test)

1. Uncomfortable laugh.
2. His voice is different;it sounds more relaxed, self-assured.
3. He sounds 10 years older.
4. "Let's not do these tests, let's just talk and care for one another."
5. "I am bored out of my tree, also, I've done this all before I am more important than these tests, don't you see this? Please see it."
6. This is the second testing (offered spontaneously before question asked).

Questions:

1. The second recording played was later in counselling.

2. Nature of change: The counsellee is more in contact with (1) his inner self, (2) the counsellor, and (3) the world around him. The voice change is striking! He sounds no longer possessed, he sounds more relaxed; there appears to be far less agitation or psychomotor activity (less extraneous interruptions).

3. What has occurred to bring about that change: The counsellee appears to have found someone who cares, understands, is non-judgemental, loves him, respects him. He has found himself, appears more in touch with himself. He has re-established contact with at least one other person. This new-found relationship appears far from perfect at this stage but progress is being made.

RATER II:

First card: 13B (pre-test)

1. Roaring.
2. Fantasy - escape situation.
3. Playing big - giving orders.
4. Child playing - escaping.
5. Have to get with it - control - back to present.
6. Talking about what he wants - to get rid of parents - faces what future would be - escape - little child - fantasy.
7. He is someone else - asking for love - has no love - projecting himself into song.

Second card: 13B (post-test)

Not answering question - gathering thoughts - trying to impress, to be big - avoiding giving story - stalling for time - playing - more mature voice - still escapes into noises - tries to give good story - difficulty dealing with feelings - trying to please, perceives himself as failing in a somewhat mature way.

Questions:

1. Beginning - first card.

   End - second card.

2. Nature of change: His voice is more mature; he can stay more in the present, more able to express feelings without so much escape into fantasy; more aware of counsellor as a person; attempts to please counsellor rather than impress or order her around. Does not need to feel okay by ordering her around - not so much stalling.

3. What has occurred to bring about that change: More trust in counsellor; hurting and hostility is now more focused so it no longer has to be taken out on everybody. Different attitude toward counsellor - recognition that counsellor cares and is trying to help so that he is not trying to help the counsellor help him. Maturing in how he handles feelings; understanding of acceptance by counsellor.

RATER III:

First card: 13B (pre-test)

1. - easily distractible, short attention span, anything triggers off associations, avoiding meaning when it hits him.
2. - extremely active and distractible.
3. - threatened by unconscious meanings of descriptions of what card means to him.
4. - sounds like it's important for him to be in control, it's easy to lose control, and maybe putting voice on tape-recorder is meaningful for him in terms of control or identity.
5. - song very interesting.

Second card: 13B (post-test)

1. Self-conscious,wants unconditional approval of therapist.
2. More deliberate in response.
3. Resistant and changes topic..
4. Content seems threatening and avoids it by being distractible but not nearly as much as previously.

Questions:

1. Beginning - first card

   End - second card.

2. Nature of change:

   - less over-active
   - still distractible, but less so.
   - much more at ease with therapist, in fact therapist appears very important to him.
   - speaking slower, more deliberate.
   - less aggressive and demanding.
   - more self-contained and controlled.

3. What has occurred to bring about that change: The Boy has finally found someone who accepts him (without necessarily agreeing with the way he is), who understands him, and helps him understand himself and why things are the way they are. In other words, the relationship appears to be the most crucial thing and all else follows, and at the same time causing or facilitating the type of relationship.

Second presentation: (post-test)

RATER I

18 BM (post)

1. I can see him leaning over the card staring at it "Um...and"
2. He now turns and looks at the therapist.
3. I can't imagine him attending school from (what I've hear of) the other tapes.
4. His descriptions conjure up pictures in my mind. He has the potential to be a great story teller, another W.H.O. Mitchell (later in therapy).

18BM (pre)

1. Who is he singing to" You? (directed at counsellor). He seems to be enjoying it. Ten blows into the mike.
2. A radio thriller. He is the sound effects man. "I am everybody!" Vivid imagination. All kinds of movement.
3. "Please quit playing games with me."
4. He sounded worse at the end of the excerpt than at the beginning.
5. "I have got to get over the wall!"
6. Autistic - rhythm, whistling....

Although there was information in this card which revealed that the post-test response was presented first, the free responses of the rater are of interest, and are included for that reason.

The third set of responses, to card number 16 were presented in a pre-post order. Rater I assessed the order correctly.

RATER II:

18BM (post)

- not serious - going to past interpretation and rejecting it.
- avoiding.
- gets feeling under control.
- sees himself as not so different from others.
- "Glad I'm finished this picture!"
- rejects the person he was - he could have been that way once but he isn't anymore - could still be a little bit.

18BM (pre)

- in fantasy
- projects own feelings of rejection into song - escape - then comes back.
- trying to make up real story.
- fear, excitement - death.
- sees own future, caught in own emotions - then back into fantansy world.
- "you will never get near me!"
- expression of all his own fear and pain, loneliness, but in an aware way - caught in his own feelings, then breaks out, to be caught again.

Rater II correctly identified the pre and post test

RATER III:

18BM (post)

- deliberate
- bright
- at ease
- very observant, but still breaks out of line of thought, but re-enters very easily and quickly.
- self-conscious, nervous laugh.

18BM (pre)

- terrific fantasy or imagination.
- does it when he is good and ready.
- bright, sense of humour.
- changes voice, sounds younger when beginning story.
- highly emotional.
- talks quickly.
- always needs to be doing something, talks a lot, but I bet he is always thinking even though appearing not to be.

Rater III correctly assessed that card number 16 was presented in a pre-post order.

Time did not permit written free style responses to the third presentation.

Summary and conclusions:

In all three presentations, all three raters correctly identified the time at which the test response was recorded; i.e. near the beginning or near the end of the counselling year.

Response to the first presentation was most spontaneous, and, because it included responses to the three additional questions, was the most informative.

Pre-test response evaluation: The raters, during the pre-test administration, saw the Boy to be:

1. Hyperactive - racy, distractible, escaping into noise.

2. Acting bossy - trying to control things.
3. Frightened - afraid of losing control of himself.
4. Possessed - afraid of nameless fears.

Post-test response evaluation: During the post-test response, the raters judged the Boy to be:

1. More mature sounding - more relaxed, more self-assured.
2. Still using avoidance techniques - escaping into noise, into fantasy, resistant - but not near so much as in the other response.
3. Trying to please.
4. More able to express need for love.
5. More capable of seeing himself - almost seems aware that the story is about himself.

The Nature of the Change:

The raters generally agreed that the Boy sounded:

1. More mature - more self-contained and self-controlled.
2. More in contact with inner self, counsellor and world around him.
3. More relaxed - more able to stay in the present.
4. More able to express his feelings without so much escape into fantasy.
5. Much more at ease with the counsellor.
6. Less agitated - less extraneous interruption, less psychomotor activity.
7. Less resistant - not so much stalling.

Thematic Apperception Test: (Pre-test)

I. 13B (2 sec.)

This picture here is number 13B, a black and white picture of a boy sitting in a doorway. (30 second pause, in which there is considerable noise as the boy blows into the microphone, and, in a sing-song voice, says "Welcome to the peanut gallery"). Now this boy looks like he's about 9 years old. He looks angry. (In a thin, high voice, he says, "C'mon, hurry up, write, write, write, you gotta do some more writing; you gotta hurry, you gotta hurry - laughs - you're going too slow. Nooooooooooow - (this word stretches out for 15 seconds) (explosive sounds) (I say his name to get his attention) O.K., to me it looks like what happened in the past is - there was a tornado or something that struck the house, and the parents were grabbed up by the tornado and tooken away. And now he has no food to eat, right now he has no food to eat. In the future, he'll be put into some type of a children's home. (20 seconds of explosive noises, whistles, noises again, followed by his singing, "Oh, my darling, Knock three times - Hey girl, whatcha doing down there, dancing alone every night while I live right above you - I can hear the music playin, ah, ah, ah, I can feel your body swayin' ah ah ah, one floor below me, you don't even know me, I love you - Oh my darling knock three times on the ceiling if you want me - this is number 6BM - (referring to the next card, which has been sitting in front of him while he is singing.)

III. 18BM (15 sec.)

I can feel your body swayin', um um um (he continues with his singing) One floor below me, you don't even know me, I love you, Mm, mm, mm, mm, mm,. Oh, my darling, knock three times on the ceiling if you want me. - NOW - uh - Twice on the pipes, if the answer is no, no. Oh my darling. This is number 18BM. Now! (blows into microphone ten times). Now this is a picture of a man, his name is Dr. Jekyll. And the story is Dr. Jekyll's Hyde. (pause - laughs) Uh, this man, uh, is just a normal man, and he's got a grease cut and everything, and this again happened in the forties or the thirties and uh, he's walking - right now - he's walking down an alley, and he heard a little (makes voice high and thin) peep! peep! peep! (back to normal voice) Peep, peep, you know, and um, he went in and all of a sudden he just turned his - uh - back to the wall, and he was GRABBED BY A GHOST AND HIS ONLY VISIBLE PART WAS (voice returns to normal) two hands ... and one arm with one hand - so that's three hands, and one arm, and, but, as soon as they touch him, he just froze into one position because of SHOCK. And in the future, this ghost is going to KILL him! (screams for 5 seconds) When you look out your window tonight, pull on the string with the note that's attached to my heart (he's singing again) um, mm, mm, Write how many times I saw you, Now in my silence I adore you, mm, mm, mm,

III 18BM
(Cont'd)

mm, mm, mm, No way in my dream can that wall between us come apart. Oh, my darling, knock three times on the ceiling if you want me, This is number 7 BM, Bum, 7 bum...

VIII 16 (2 sec.)

(singing) Oh, it feels so good - There is - Oooooooooooooh! This is number 15 - 16 - and it's a blank piece of paper And this is a picture - of a white polar bear - in fact there is no other colour in polar bears - anyway this is a picture of a white polar bear eating a vanilla ice cream cone, and all of a sudden a great big snow slide came over him (breaks into almost sponataneous laughter for 10 seconds - catches himself in about 3 seconds and the remainder of the laugh sounds 'put on') Who made that? It's so stupid - a blank piece of paper! (10 second pause) (then he begins to sing) Oh, it feels so good to know she waits at the end of the line, Mm, mm - mm - Sweet! Sweet, sweet city woman .... (bangs the microphone 5 times) A blank piece of paper ... sssssss - How disgusting!

Thematic Apperception Test (Post-test)

I 13B

(15 second delay, in which he laughs once, says "I didn't brush my teeth - see?" laughs embarrassedly, and finally, after 7 seconds of continuing silence says:)

Oh, Wow! (4 sec. silence) Well (airy and resigned) - this obviously happened in 19- between 1963 and 1968 ..... in .... Alberta, and ... uh (5 second silence, a sigh followed by 3 more seconds of silence, and he asks "Have you got the results of any other tests, -st-st-st-st-st-st-st-st-st-st?) Oh, wow! (7 second pause) Well, he had this... do you want me to tell a story, like what happens in the past, the present and the future? (I had given him exactly these instructions, so nodded yes) Well, (5 seconds pause), uh, he doesn't get along too well with his family - poor family relations. (notices his coat fell down) Oh, my coat is on the floor, my floor is on the coat, my coat is on the floor, well yeah, the coat is on the floor, and the floor is on the coat - (7 second pause). Hmmmmm (drags it out for 5 sec.) And he looks to be about 9 years old (8 second pause, during which he gasps, laughs, breathes loudly) and uh, right now he just doesn't have anything to do. (10 second pause) and he won't have anything to do for awhile, you know, he'll just be bored out of his tree. Whew. (whistles) That's hard. (laughs) (apologetically).

III 18BM

Oooh - what kind of a picture is this? (20 second pause) Um this happened in the 1940's - in eastern Canada, and ... you know, I remember what I said before - I said it was some sort of ghost you know .... didn't I? . . . coming from behind - something like a ghost, coming up behind him and grabbing him? It almost looks that way too but it's just a - a guy you know, who had too much to drink. You know - guzzle up - and you can tell by the way he is dressed, you know - he's just so sloppily dressed. Again, this is a sketching. How come they're always black and white - how come they never have any colour? (5 second pause) I should take this to school, you know, and show everybody and ask, you know, "Whaddya see?" Better yet, give the whole class a Rorschach ... well anyways, this guy was walking down the street. And this guy comes out from behind the alley and mugs him. And he's just so sleeply - you know, so dozy, and drunk that he doesn't know - really too well - what's going on. And that was 18BM.

VIII 16 (blank card)

Sixteen .... What is this? (laughs) Is this really... it? Well, I can't really say it's a sketching. (6 second silence) Um ... it made think of .. um .. it made me think of a cartoon that I just read - saw - a long, long time ago, you know. And then this same joke was repeated on Batman - (laughs) - and the joke is ..... there's a white polar bear in the north, eating an ice cream in a snowball blizzard - oh snowball! (annoyed at self for incorrect choice of word) - in a snow blizzard, you know.. and uh, he got covered by snow (chuckles). You know everything's white you know (still laughing quietly). If there was supposed to be a picture on here, then the copier failed. (laughs) Didn't work so well.